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ABSTRACT

This manual, the third in a three-volume series on counseling older adults, is designed to accompany and supplement volume II, "Basic Helping Skills for Service Providers," and focuses on training for communication skills. The units and their sections correspond to those in volume II, for easy cross-referencing. The units contain information for trainers, supplemental exercises and activities, material for advanced trainees, evaluation suggestions, and resources. Unit I introduces helping skills training and discusses communication skills training for adults. Unit II presents basic information about aging and includes an Attitudes Toward Aging exercise. Unit III provides activities and instructions for values clarification for the aging process. Unit IV gives suggestions for self-assessment in helping relationships in the areas of responsibility and ethics, confidentiality, empathy, and dependence. Unit V covers building and maintaining a helping relationship with older persons, focusing on basic communication skills. Unit VI addresses specialized techniques to help older people, e.g., life review, problem-solving, advocacy. Ending relationships effectively and making referrals are discussed in unit VII, which provides suggestions that can be used in role playing. Unit VIII provides information on making the best use of support networks, and Unit IX deals with applying communication skills with mentally or physically impaired older adults and their families. Unit X provides tips for workers in special areas; a variety of vignettes and methods for handling delicate situations are outlined. The final unit emphasizes the importance of the trainers' serving as models of continued development of helping skills. (JAC)

ED250593

COUNSELING OLDER PERSONS

Volume III

TRAINER'S MANUAL FOR BASIC HELPING SKILLS

Jane E. Myers
EDITOR

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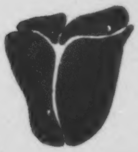
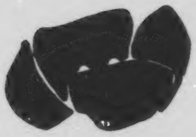
National Project on Counseling Older People

The logo depicted below and on the back cover was commissioned originally by Mary L. Ganikos to be the logo of the Special Training Project on the Aged, APGA's first Aging Project. The symbol depicts three stages in the life cycle of a flower. An analogy can be made easily between this logo and the life cycle of a person, with life in full bloom in older adulthood.

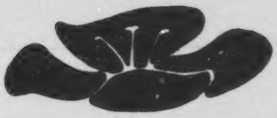
We have maintained this logo for the National Project on Counseling Older People; however, we are using it in a slightly different way. Each flower or stage of the flower's development is associated with one of the manuals in this three-volume set.



The flower in its bud stage is associated with *Volume I, Guidelines for a Team Approach to Training*. This reflects our firm commitment to the belief that a team approach is vital to the successful development of ongoing training programs.

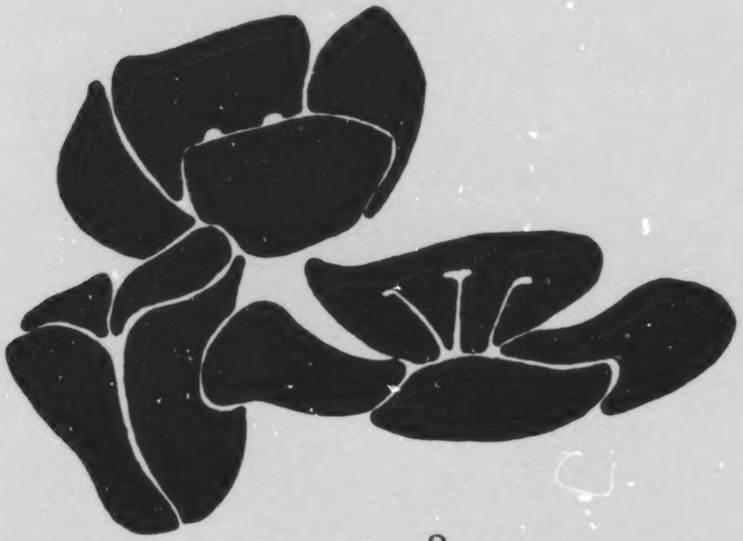


The flower beginning to bloom is associated with *Volume II, Basic Helping Skills for Service Providers*, and reflects an awareness of the vital and growing needs of service providers to older persons for training in basic helping skills.



In full bloom, the flower is paired with *Volume III, A Trainer's Manual for Basic Helping Skills*, to signify that the training program developed by the team for service providers will reach fruition with the input of skilled and knowledgeable trainers.

As is true of the life cycle of the flower shown below, all three parts are necessary for a complete whole to exist. These three manuals are designed to be used as a set. We hope you will use each to most advantage in your situation.



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COUNSELING OLDER PERSONS

VOLUME III

A TRAINER'S MANUAL FOR BASIC HELPING SKILLS

JANE E. MYERS, Editor

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FALLS CHURCH, VIRGINIA

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DEDICATION

To

LARRY C. LOESCH

MANUAL DEVELOPMENT AND ACKNOWLEDGMENTS

The process of developing this three-volume set of manuals included a number of steps designed to ensure that the final product would be tailored to the needs of the target population and usable. Early in the project the advisory board developed a tentative table of contents for a helping skills manual. This was reviewed by over 400 participants in a series of 10 regional training workshops, then revised by the project staff. Authors were selected to write the various units. The initial drafts were edited, then field tested in 5 sites with 150 service providers, aging network administrators, and counselor educators who represented the population of eventual users of the materials. Based on their input, the helping skills manual was revised and divided into the existing two books — a text for trainees and this accompanying manual for trainers.

The completion of this manual reflects a cooperative effort on the part of many agencies and individuals. Among the many who contributed their assistance and expertise, particular appreciation is extended to the following people:

- The national trainers who assisted in the conduct of the field test workshops, helped evaluate the feedback, and provided substantial input into the conceptualization of this manual:

  — Rich Blake
  — Barbara Engram
  — Larry Loesch
  — Harold Riker
  — Harold Salmon

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- Each of the authors for this manual, whose dedication and concern enabled them to prepare and revise, as needed and in brief periods of time, the information contained in this manual and the accompanying text.
- In addition to the national trainers, several of the authors also helped shape the format and content of the trainer's manual, and special thanks are owed also to them — George Bichekas, Chris Bolton, and Tim Dickel.
- Gerry Myers and Gerry Garner for being good listeners and dear friends.

The editor wishes especially to thank some very special trainers who made indirect, yet significant contributions to this manual. This truly exceptional group of trainers are part of the faculty of the Department of Counselor Education at the University of Florida: Paul Fitzgerald, Ted Landsman, Larry Loesch, Rod McDavis, Bob Myrick, Harold Riker, Gary Seiler, Bob Stripling, E. L. Tolbert, and Joe Wittmer. Along with Hannelore Wass, these individuals are largely responsible for whatever contribution that I, as editor, was able to make toward the completion of this manual.

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USER's GUIDE

The purpose of this manual is to provide trainers with material that will enhance the training process and aid in planning and conducting sessions. The manual was developed as a result of the input received from prospective trainers and trainees during field testing of the Basic Helping Skills text. Parts of the original text were viewed as either too technical and academic for a basic text or best learned with a trainer present, rather than through reading or self-instruction. The more advanced content and material requiring the supervision of a trainer were placed in a separate manual. The material in this manual may be used to enhance the trainer's knowledge and repertoire of teaching tools and can be used with advanced trainees at the trainer's discretion.

The two manuals are meant to be used together. The material in this manual augments and supplements that of the Basic Helping Skills text. With the exception of Unit I, each unit in the Trainer's Manual corresponds to the unit of the same number in the text. Each Trainer's unit begins with a GOALS statement for the unit, and an INTRODUCTION FOR THE TRAINER that includes a description of how the material is meant to be used. The divisions within the units in this manual correspond to the SECTIONS and PARTS of the Basic Helping Skills text for accessible cross-referencing. Trainers are encouraged to add their own notes and ideas for each section. The information for trainers included in each unit of this manual varies and may be one or more of the following:

- additional knowledge for trainers, to provide a base for expanded classroom discussions of the material covered in the unit.

- supplemental exercises and activities that may be used in class or as homework assignments. (Many of the in-class activities involve role-plays, and these require a trainer in order to be completed effectively and with necessary and appropriate feedback)

- explanations and suggestions for class discussions of activities in the text.

- new material for advanced trainees.

- evaluation suggestions and resources.

In addition, many units include RELATED RESOURCES and all include REFERENCES to provide trainers with additional sources of information concerning the topic of the unit.

The material in the two manuals may be tailored for use in a variety of settings with different types of groups. Although the focus is on training existing service providers to improve their communication skills, the material can also be used in preservice training and with self-help and peer-support groups. In each case the identified trainees will still be experienced adults.

TABLE OF CONTENTS

Manual Development and Acknowledgments vii
Advisory Board Members ix
User's Guide xi
Preface . . . . Harold C. Riker . . xvii

UNIT I

Introduction to Helping Skills Training 1

Section A Introduction — Pamela Finnerty-Fried, Jane E. Myers

- Target Audience and Target Skills 5
- Training as Personal Growth: Implications for Trainers . . . 8
- Manual Overview 9

Section B Principles and Techniques for Teaching Communication Skills — Barbara E. Engram

- Course Planning 17
- Session Planning 19
- Feedback: Reward vs. Punishment 21
- Using Homework 22
- Evaluation 23
- Using the Principles and Techniques in Planning 24

Section C Teaching Adults — Christopher R. Bolton

- Understanding the Experienced Adult Learner 29
- Basic Principles of Adult Learning 34
- Basic Principles of Teaching Experienced Adults 39

Section D Supervisory Skills for use with Adult Learners — E. Thomas Dowd, Therese M. Dowd

- The Importance of Supervision 49
- The Nature of Supervision 50
- Basic Supervision 53
- Supervision in the Aging Network 54
- Supervisory Activities 56
- Provision for Continuous Support on Location 57
- Ethical Issues in Supervision 58
- Innovative Supervision Practice 58

UNIT II

Harvey L. Sterns
Ronni S. Sterns

Growing Older: A Few Important Points to Consider 61

- Who Are The Aging? 64
- Aging as a Developmental Process 64
- Biological, Psychological, and Social Aging 65
- Personal and Social Development and Aging 77
- Mental and Physical Health in the Later Years 80
- A Conceptual Framework for Working with Older People . . . 84
- Attitudes-Toward-Aging Exercise 84

UNIT III

Charles H. Huber
Alfred R. Wolff

Know Thyself 91

- Being a Service Provider 94
- Motivation: Why Do I Want to Work With Older Persons? . . . 95
- Age Biases: Facts and Fictions About Older Persons 96
- Becoming More Sensitive to the Dignity and Worth of Older Persons and Their Needs 97
- Evaluation Resources 99

UNIT IV

Lawrence M. Brammer

What Is a Helping Relationship? 103

- What Does "Being Helpful" Mean? 105
- What is a Helping Relationship? 105
- Helper Characteristics 108
- Evaluation Resources 108

UNIT V

Richard H. Blake
Georgia Bichekas

How Can I Build and Maintain a Helping Relationship with Older Persons 111

- Relationship Barriers and Beginnings 113
- Helping Skills — Nonverbal Communication 116
- Helping Skills — Verbal Communication 116
- Self-Disclosure and Genuineness 121
- Responding with Respect 123
- Giving Information 126
- Feedback and Assertiveness 126
- Special Problem Situations 126
- Additional Materials and Activities 129

UNIT VI

Elinor B. Waters
Adele L. Weaver

Specialized Techniques to Help Older People 147

- Establishing Relationships and Interviewing Techniques 149
- Assertive Techniques 151
- The Life Review as a Helping Technique 154
- Building Self-Esteem 155
- Assisting Older People in Solving Problems 161
- The Challenge of Advocacy 161
- Group Work With Older People 162

UNIT VII

Barbara E. Engram

Saying Goodbye: Endings in Relationships 171

- How to Handle Saying Goodbye 173
- Ending a Visit 173
- Ending a Relationship 177
- Ending the Helping Part of a Relationship 180

UNIT VIII

Harold E. Salmon

How Can I Make the Best Use of Support Networks? 183

- Background Information 185
- Sources of Community Support 185
- Assisting Older Persons in Developing Support Systems . . . 186
- Supplemental Skill Building Activities 186
- Evaluation Resources 191

UNIT IX

Patricia Lawrence

Applying Skills with Special Populations 197

- Older Minority Persons 199
- Substance Abusers 200
- Physically Impaired Older Persons 200
- Death and Bereavement 204
- Mental Impairment 204
- Family and Informal Supports 211
- Institutions 216
- Student Self-Evaluation 221

UNIT X

Jimmy R. Walker
Leslie K. Burke

Special Tips for Specific Workers 227

- Providers of Community Services to Older Persons 229
- In-House Workers 232
- Long-Term-Care Staff. 238
- Public Service Providers 239
- General Tips for Working with Older Persons 240
- Additional Workers and Situations 241
- Additional Activities and Exercises 244

UNIT XI

Charles Timothy Dickel

Keeping Up The Good Work 253

- Continued Development of Helping Skills 255
- Support Systems for Service Providers 257
- Opportunities for Continued Learning 258
- Continued Development Through Organizations 258

Index 263

PREFACE

The National Project on Counseling Older People represents a significant effort to bring together, often for the first time, aging-network staff and counselor educators. The project's purpose has been to stimulate effective and continuing training in basic helping skills for service providers working directly with older persons throughout the country. Extending over a two-year period, the national project has raised the awareness level of counseling as a significant means for helping older persons, and it has alerted more and more people to the needs of older persons as human beings. Equally valuable, it has sharpened the helping skills of some of those who work with older persons.

An additional achievement has been for aging-network staff and counselor educators to learn more about each other's interests and capabilities in developing and providing communication and counseling skills training and needed mental health services for older persons. The importance of the trainer cannot be overemphasized, and it is to trainers that this manual is directed. To understand the significance of having a manual specifically for trainers, it is valuable to know about older people and about those who provide services to them.

Who are these older persons? They are at least 60 years of age and qualify for participation in the various programs funded by the U.S. Federal Government, particularly through the Older Americans Act. Many of these programs concentrate on meeting physical health needs. On the other hand, the National Project on Counseling Older Persons focuses on helping older citizens resolve mental health needs. To be emphasized is the fact that mental health and physical health are interdependent. For this reason, assistance with mental health needs becomes doubly necessary.

Assistance is intended to support a variety of objectives. These objectives include providing a wide range of useful information, helping to identify and resolve personal problems, enabling individuals to understand themselves better as worthy human beings, encouraging them to enlarge and strengthen their associations with others, and assisting them to formulate new goals for living and to develop realistic ways to move toward these goals.

These objectives often involve very personal and sensitive areas in the lives of older persons. As a result, many find it difficult to discuss such objectives with even the most qualified helpers. This situation exists especially for those who were born just before or during the beginning of the 20th century, at a time when personal feelings, relationships, and problems were very private indeed.

Yet the need for help is great for many older citizens in this country. Even a cursory look at statistical information regarding alcoholism and suicide rates among older persons highlights some of the extremes of mental health problems. Less extreme, but certainly suggestive of a general mental health problem of older persons, are the results of a 1980 nationwide study of 514 randomly selected Americans, 60 years of age and older. This study places those interviewed in three descriptive categories, as enjoyers (27%), survivors (53%), and casualties (20%). (Committee for an Extended Lifespan, P.O. Box 696, San Marcos, CA, "Life Lines," September, 1980.) The designation for each category seems to be self-explanatory with casualties referring to those experiencing major difficulties in areas such as health, finances, or living conditions. For whatever reasons, the majority of this older population sample are survivors, while an additional 20% are facing major problems. The range of the problems is considerable, the intensity varies, but the extensiveness among the older population seems inescapable.

Given the probability of barriers to communication, together with a diversity of problems to be addressed, those who work as helpers with older persons require training. While sympathy and kindness are important qualities for service providers, both deeper understanding and basic helping skills are also essential. At the present time, few service providers have had specific training in helping older persons. For this reason, the text developed by the National Project should prove to be most helpful as a basic resource for training programs. In addition, the trainer's manual should be particularly useful for those responsible for organizing and presenting training programs for service providers in the aging network.

In building programs for staff or volunteer helpers, trainers have some exceptional opportunities for their own professional and personal development. First, trainers can learn more about aging and older persons in terms of process, possible results, and common characteristics and reaction patterns. Trainers themselves are likely to become more sensitive to the needs and behaviors of older persons and can become more effective trainers as well as advocates for the needs of older people. Second, trainers may learn more about themselves, particularly about their attitudes toward their own aging and about their prejudices relating to older persons. Individuals who have grown up in our society probably have some prejudices against aging and older persons. The recognition of negative attitudes is at least the first step toward overcoming them.

Trainers also can increase their own knowledge about support systems for older persons and appropriate referral procedures. In this process, trainers may be able to assist in improving communications and cooperation among the various support systems in the community. Finally, participating in training programs provides excellent opportunities for trainers to improve their own helping skills. From the viewpoint of trainers, each program becomes a personal challenge to practice and to become more proficient. The inevitable conclusion is that becoming a trainer has substantial advantages.

Some specific services are provided by both counselor educators and aging-network staff when they participate in training programs. When counselor educators serve as trainers, they can apply theory and research, often suggesting new approaches to training. They also can bring back to their classrooms the reality of experience gained from working with older persons through service providers' eyes. Counseling older adults, however, represents a relatively recent addition to counselor education curricula. In fact, this subject is taught currently in perhaps no more than one-fourth of the counselor education departments in the country. For this reason, participation in training programs within the aging network offers an excellent setting for faculty to learn first hand what the needs are for both older persons and service providers.

Serving as trainers, aging network staff can bring to program planning and implementation a wealth of practical knowledge and experience. They are familiar with government policies, sources of funds, and the resources of various federal, state, and local agencies also concerned with the well-being of older citizens. They know the service providers personally and can identify the kinds of training that will be most useful in specific settings. Aging-network staff can also gain a greater sensitivity to client needs, leading to an improved administration of aging-network policies, procedures, and programs.

It is important that counselor educators and aging-network staff participate together actively in training programs designed to provide basic helping skills for service providers. At least four reasons for this are pertinent.

a. Collaboration can result in the realistic blending of theory and practice to produce more effective training programs that prepare service providers who can be more helpful to older persons.

b. Common experiences in training service providers can enrich the work performance of counselor educators and aging network staff in their respective settings.

c. Preparing and participating in training for others can help trainers enlarge their own knowledge and improve their own skills in working with older persons.

d. In the process of training others in basic helping skills, trainers can learn more about themselves as persons.

The development of helping skills training programs for service providers should continue beyond the term of the National Project because of the numbers of aging-network staff and counselor educators who have been involved actively during the past two years in regional workshops and in developing training programs in various parts of the United States. The three project manuals, in and of themselves, provide strong support for continued training activity. This manual for trainers has been designed to help trainers with the process of teaching basic communication skills to mature adult learners.

Harold C. Riker, EdD
Professor of Counselor Education
University of Florida

UNIT I

INTRODUCTION TO HELPING SKILLS TRAINING

CONSIDERATIONS IN TEACHING HELPING SKILLS

Pamela Finnerty-Fried

Jane E. Myers

Pamela Finnerty-Fried was Aging Project Coordinator with the National Project on Counseling Older People in 1981. Currently she is an Instructor in the Rehabilitation Counselor Education Program at The George Washington University in Washington, D.C. She completed a Certificate in Gerontology in 1981 and will complete her PhD in Counseling and Human Services at Florida State University in 1982. She received a BA in English in 1971 and an MEd and an EdS in Counseling in 1974 from the University of Florida.

She worked for four years in the field of vocational rehabilitation focusing on evaluation, mental health, and college liaison work. She also taught on an adjunct basis in Nova University's undergraduate Behavioral Sciences Program in Fort Lauderdale, Florida. She is active in various professional organizations. Her professional interests are in counselor training, preventive mental health services for older persons, and the psychosocial rehabilitation of older, chronic mental patients.

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SECTION GOAL

The goal of this section is to provide an overview of the manual and to highlight considerations in training. This information along with additional resources is intended to prepare the trainer to use effectively the material in this manual. An important purpose of this section is the definition and clarification of the identities of both trainers and trainees, and of the skills to be learned.

INTRODUCTION AND OVERVIEW

This manual is part of a three-volume set of training materials developed through the National Project on Counseling Older People, a cooperative effort of the American Personnel and Guidance Association (APGA) and the United States Administration on Aging (AoA). The first volume Counseling Older Persons: Guidelines for a Team Approach to Training is designed to help educators and administrators develop communication-skills training programs for those who provide services to older people. The second volume Counseling Older Persons: Basic Helping Skills for Service Providers is a text intended for use in these training programs. This volume Counseling Older Persons: A Trainer's Manual for Basic Helping Skills is intended to both supplement and complement the text.

Several assumptions underlie the development and use of these training materials and provide a rationale for the approach to training. First, while older people are more like persons of all ages than they are different, they share unique stresses, challenges, and characteristics that warrant special consideration. Second, service providers who work with older people need carefully tailored training to help them meet the special needs of this client population. Third, trainers of service providers in aging need specialized knowledge of older people and the agencies and programs available to help them in order to tailor effective training programs.

The counseling and human relations literature includes a variety of resources and training materials for counselor educators and trainers interested in teaching helping skills. Some materials have been developed to train both graduate level (Ganikos, 1979; Landreth & Berg, 1980) and paraprofessional counselors (Alpaugh & Haney, 1978; Waters, Weaver, & White, 1979) to work with older persons. The Basic Helping Skills text and this accompanying Trainer's Manual have a focus that makes them unique in the gerontological counseling literature. The material in these manuals is designed specifically for training service providers in the aging network in basic helping and communication skills. The training materials for this group have been designed to serve the unique characteristics of older persons and to prepare those who work with them.

This unit will outline the specific qualities required in a trainer, the characteristics of the target group of trainees, and the skills that form the content of the training. It will also articulate the training philosophy and present an overview of the training process through a description of the manual contents.

TARGET AUDIENCE AND TARGET SKILLS

The Trainer

The effective use of the training materials in the Basic Helping Skills text requires that the trainer possess certain personal qualities and expertise in several critical areas. Since the success of the training program depends upon the trainees' developing improved interpersonal relations skills, it is essential that the trainer not only be effective interpersonally, but also be able to teach these skills to a diverse group of trainees. Interpersonal effectiveness and ability to teach basic helping skills based on experience in individual and group counseling would be essential. In addition, the trainer should know about the unique needs and concerns of older persons in order to tailor the training to persons who provide services to older people.

Training of this nature requires flexibility and openness on the part of the trainer. Knowledge of the demands of the service providers' work settings and an ability to adapt the training to the requirements of specific groups of trainees are also important. The training program detailed in these manuals is unique in its targeting of existing workers in the field of aging. Tailoring basic helping skills training to the needs of persons who are providing concrete services requires creativity, flexibility, and perhaps most importantly, a willingness to learn from the trainees how to adapt the training so it will be useful to them. Thus, the trainer needs to assess the current interpersonal skill level of the trainees, evaluate what types of learning activities would be most effective for different persons or groups, and constantly balance and adjust the training content in response to trainees' progress. The process of training needs assessment is discussed in the first volume of this set of materials, Counseling Older Persons: Guidelines for a Team Approach to Training. The trainer may wish to refer to this volume for specific strategies and methods of training needs assessment. Brief mention is made here to highlight some of the qualities and expertise required of a trainer.

Counselor educators have the expertise necessary for conducting such training through their knowledge of human relations skills, expertise in training, and experience in counseling. A counselor educator is also likely to have experience in the selection of trainees, and these assessment skills can be valuable in identifying service providers who evidence the potential to develop effective basic helping skills. The selection process is far from fixed, and the various criteria are not firmly supported by systematic research, but the experience and knowledge of the counselor educator can be valuable assets in choosing trainees. Assessment of trainee progress and helpful feedback on trainee level of skill acquisition can also be provided by a counselor educator.

Helping skills training can evoke strong feelings in trainees as they examine themselves and their motives for working with older people, and as they confront their own aging, the aging of loved ones, and feelings about death and dying. Such a self-examination is necessary if the helper is to understand and help older persons who are facing these issues. Self-confrontation requires the careful guidance and support of a professional who has worked with trainees in these sensitive areas. Knowing when to support or confront requires a high level of knowledge and skill. The counselor educator, or other professional who combines the skills outlined, can maximize the benefit of training and ward off the potentially hazardous effects that can occur if the trainer is not adequately prepared. It is also possible for the counselor educator to apply the same skills in the follow-up supervision of trainees or to teach the supervision skills to on-site supervisors.

The counselor educator can and often will work with other professionals in a team approach to training. The benefits and strategies for implementing such an approach are described in Counseling Older Persons: Guidelines for a Team Approach to Training (Volume I). It is important that one member of the training team knows about where the service providers work, and about the many aspects of aging that affect the older persons whom the trainees serve. This knowledge can be obtained through reading and through relationships with persons who work in the aging field. The use of a team of trainers may be one way to build such relationships and to bring a broad array of skills and expertise to the training. The trainer needs to possess both the helping skills training expertise and a firm knowledge of aging and the settings where service providers work.

The Trainee

The major group targeted to be trained using these materials are service providers in the aging network. The first volume of this three-volume series includes an extensive description of the aging network. Basically, the formal aging network includes those programs and services funded under the Older Americans Act. The informal aging network includes all other programs, associations, and services that include older people among their clientele.

Service providers in the aging network may hold positions in a variety of agencies, including senior centers, nutrition programs, day care, or home care programs. They may be full or part time staff or volunteers, and many of them may be older persons. Their jobs vary and may include positions such as van drivers, nutrition site aides, project directors, senior center administrators, area agency on aging planners or monitors, meals-on-wheels drivers, state level administrators, or homemakers. The persons who will be the trainees and who will be reading the basic helping skills text have a variety of educational backgrounds, life experiences, and job orientations.

Trainees who are service providers in the aging network may be identified as mature, experienced adults who are working as well as learning. Their needs are for specific, concrete information and skills that may be applied immediately in their daily work with older people.

Target Skills

This set of materials is not designed for use in training professional counselors, although some parts of it may be useful in skill building sessions in graduate classes. The materials focus on training existing service providers to older people in basic communication skills. Upon completion of training, and after learning the skills in these manuals, the trainees will maintain the same job descriptions. They will be better communicators, however, and their role as helpers to older people will be significantly expanded. The van drivers will still drive vans, the homemakers will still perform household chores, and the administrators will continue to perform their duties. What will change is that these workers will have learned the skills involved in helping older people and they will be able to recognize problem situations and offer some higher level of help, from a supportive interest and clearly communicated warmth and respect to appropriate referrals for needed mental health care.

The terminology in both text and trainer's manual has been chosen carefully to describe accurately the target trainee group and the skills they are expected to acquire. Trainees are always referred to as service providers, not students, to reflect their status as experienced adult workers and learners. Those they serve are older persons, not clients. (Clients belong to the realm of the professional counselor.) Finally, these service provider trainees are learning basic helping skills or basic communication skills, not counseling skills, although the former comprise one aspect of the counselor's repertoire of skills.

TRAINING AS PERSONAL GROWTH: IMPLICATIONS FOR TRAINERS

Teaching communication skills to mature adults presents a number of challenges. Respect for the learner's experience is crucial, as is recognizing that set patterns of communication, such as helping in the form of giving advice, may be difficult to change. The teaching of communication skills involves specialized knowledge and skills, and gearing this approach to adult learners requires additional consideration of learner attributes.

As you read the three sections of Unit I and the units that follow, a basic philosophy of helping and training becomes evident. The teaching of helping skills involves far more than the delivery of information or academic content. The service provider who is learning to communicate more effectively is involved in a very personal process.

As described in Units III and IV, the service provider may be examining certain aspects of his or her own behavior and personality and will be asked to venture and invest far more than the student in the traditional classroom. Both trainee and trainer must be willing to risk and to invest time, energy, and commitment in the training process. A number of the authors (e.g., Engram, Brammer, Huber, & Wolff) cite the importance of modeling in the teaching of communication or basic helping skills. If the trainer wants the service provider to develop skills characterized by respect for the older person, then this training must occur in an atmosphere of mutual collaboration where the trainee is respected as a valuable resource. Service providers who are respected and valued in the training sessions are more likely to convey this attitude in their work with older people.

Another basic attitude which underlies the training is that of a positive belief in the resiliency, creativity, and ability to adapt and thrive of all persons, no matter what their age. This fostering of positive attitudes toward older persons in particular is reflected throughout these manuals. When trainees are valued as collaborators and mature contributors to the learning process, they will be more likely to translate their positive attitudes and feelings of being valued into their own helping and communication skills.

MANUAL OVERVIEW

In addition to the information provided for trainers to use in conjunction with each unit of the Basic Helping Skills text, teaching communication skills to adults who are already working in the aging network requires the types of specialized information provided in the remaining three sections of Unit I. Section B, "Principles and Techniques for Teaching Communication Skills," outlines specific strategies used in teaching this specialized subject matter. In Section C, "Teaching Adults," valuable information about the motivation, needs, and role of life experience in teaching adult learners is highlighted. Guidelines for developing strategies to tailor instruction to the more mature learner are included.

The special characteristics of older people and persons already working in the field of aging requires adaptations of supervision approaches, as explained in Section D of this unit. That section also discusses supervision issues likely to be raised by trainees, such as termination, dependency, and dealing with one's own feelings about death and loss.

Unit II, "Growing Older," augments the basic knowledge about biological, psychological, and social aging presented in the Basic Helping Skills text. Valuable information about memory and cognition, sensing, and other aspects of aging are presented in factual terms to help the trainer teach the service provider what realistically can be expected from older persons. Some strategies for providing optimal learning situations can be developed using this material in conjunction with the information provided in Section C of Unit 1, "Teaching Adults."

Unit III, "Know Thyself," provides important information for the trainer who is teaching trainees to establish relationships. Trainers should be aware that trainees engaged in self-examination may experience pain. Adequate time needs to be allowed for follow-up and continued contact with these persons if trainee growth is to result.

Unit IV, "What is a Helping Relationship?" provides additional material and suggestions for self-assessment for service providers learning to be sensitive and caring, yet knowledgeable, in their dealings with older people. Information is provided on the issues of responsibility and ethics, dependence, confidentiality, and empathy.

Unit V, "How Can I Build and Maintain a Relationship with Older Persons?" is a key unit in communication skills development, and presents basic skills and opportunities for practice. Trainers are provided additional information about overassisting, the "rescuer syndrome," and role confusion. Helpful do's and don'ts of effective communication, stimulus statements, and trainee self-assessment suggestions expand the trainer's repertoire of teaching materials and strategies.

Unit VI, "Specialized Techniques to Help Older People," considers additional issues such as dependence, independence, self-esteem, and advocacy, and details information about the benefits and possible drawbacks of using groups.

The issues of ending encounters effectively and making referrals form the central core of Unit VII, "Saying Goodbye: Endings in Relationships." A variety of situations are described that can be used in role-playing or for stimulating class discussion. The technique of future projections is presented as a tool that trainers can use in teaching effective termination skills.

Unit VIII, "How Can I Make the Best Use of Support Networks?" provides the trainer with information about several special populations. In addition to material corresponding to that in the text, this unit includes information to help those who work with older people who are mentally impaired or living in institutions, and offers some suggestions for working with families. Trainers may use this to enhance their own sensitivity and effectiveness through increasing their knowledge and understanding of the special populations discussed. Or, the material can be used with trainees who work with these special groups.

A variety of vignettes and methods for handling sometimes delicate situations that occur for various service providers are outlined and discussed in Unit X, "Special Tips for Specific Workers." The content and activities relate to different work settings and roles, and all are designed to build the trainee's capacity to handle situations with the stop, look, and listen approach.

The final unit, "Keeping Up the Good Work," again emphasizes the importance of the trainers' serving as models of enthusiasm for growth. If trainees develop a motivation for and commitment to their continued development, they will be more likely to use the resources outlined. These include supervision, self-review, support groups, continued learning, and organizational participation.

SUMMARY

This manual is part of a three-volume set of training materials that were developed on the assumption that training service providers in basic helping skills requires specialized knowledge and techniques. Various content areas that are particularly important have been outlined in this unit and are presented in more detail in the remainder of the manual. Issues that appear repeatedly, such as modeling and trainer characteristics and attitudes, have been briefly mentioned. The philosophy of helping that characterizes this set of manuals is one of belief in the positive growth potential of trainees and the older persons they serve. The uniqueness of individuals and the importance of attending to the details and demands of each situation in making decisions are also stressed. The approach outlined in this unit provides general guidelines that the trainer can adapt to the demands of a specific training program.

This training has been designed on the basis of the belief that existing service providers can help meet some of the unmet needs of older persons by learning to be more effective communicators. The goal of the training is to prepare service providers to be supportive helpers. While such a goal may seem modest, reaching it requires the personal wisdom and advanced skill of a sensitive and responsible trainer. It is hoped that these manuals will provide the trainer with valuable tools for this important undertaking.

RELATED RESOURCES

Boyd, J. Counselor supervision. Muncie, Ind.: Accelerated Development, 1978.

Carkhuff, R. R. The art of helping. Amherst, Mass.: Human Resources Development Press, 1972.

Danish, S.J., & Hauer, A.L. Helping skills. New York: Behavior Publications, 1973.

Egan, G. Exercises in helping skills: A training manual to accompany the skilled helper. Monterey, Calif.: Brooks/Cole, 1976.

Egan, G. The skilled helper: A model for systematic helping and interpersonal relating. Monterey, Calif.: Brooks/Cole, 1976.

Ganikos, M.L. (Ed.). A handbook for conducting workshops on the counseling needs of the elderly. Falls Church, Va.: American Personnel and Guidance Association, 1979.

Ivey, A.E., & Moreland, J.R. Microcounseling: Innovations in interviewing training. Springfield, Ill.: Charles C Thomas, 1971.

Kagan, N. Influencing human interaction. East Lansing, Mich.: Michigan State University, 1972.

Pulvino, C.J., & Colangelo, N. (Eds.). Counseling for the growing years: 65 and over. Minneapolis: Education Media Corporation, 1980.

Sargent, S.S. (Ed.). Nontraditional therapy and counseling with the aging. New York: Springer Publishing Company, 1980.

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Alpaugh, P., & Haney, M. Counseling the older adult: A training manual for paraprofessionals and beginning counselors. Los Angeles, Calif.: Andrus Gerontology Center, 1978.

Ganikos, M.L. (Ed.). Counseling the aged: A training syllabus for educators. Falls Church, Va.: American Personnel and Guidance Association, 1979.

Landreth, G.L., & Berg, R.C. (Eds.). Counseling the elderly: For professional helpers who work with the aged. Springfield, Ill.: Charles C Thomas, 1980.

Waters, E.; Weaver, A.; & White, B. Gerontological counseling skills: A training manual. Rochester, Mich.: Oakland University, 1980.

APGA SPECIAL ISSUES ON AGING

The following special issues on aging have been published by APGA and can be ordered by writing to: Order Services, American Personnel and Guidance Association, Two Skyline Place, Suite 400, 5203 Leesburg Pike, Falls Church, Virginia, 22041.

Journal of Employment Counseling, Special Issue: Work/Life Counseling for Older People, Volume 17, Number 1, March 1980. This special issue covers articles on a variety of topics related to older workers. Disabled older workers, career development theories for working with older persons, leisure counseling, employment counseling, and rehabilitation of older offenders are included. Order #70621; $2.50.

Counseling and Values: Three Special Issues.

Counseling the Elderly I, Volume I, Number 2, February, 1980. This issue covers general background information on counseling older persons and includes articles on counseling women and minorities. Order # 70721; $3.00.

Counseling the Elderly II, Volume 24, Number 3, April, 1980. Topics having application to the general population of older persons are expanded in this special issue. Descriptions of model counselor training programs, training issues, and research studies are included. Special concerns are discussed in articles on elderly substance abusers and sexuality. Order #70722; $3.00.

Counseling the Elderly III, Volume 24, Number 4, July 1980. The third special issue broadens its scope to include program development and systems interventions. Comprehensive guidance services, prevention through retirement preparation, and development of leisure counseling are addressed in this issue. Order #70723; $3.00.

Measurement and Evaluation in Guidance. (In press) This issue addresses the state of the art in aging and assessment and includes reviews of measurement issues and available instruments in areas such as attitudes toward death and dying, attitudes toward older people, leisure, and life satisfaction.

Review of Training Packages

Brammer, L.M., & Allman, O. Training packages. Personnel and Guidance Journal, 55, 1977, 612-618.

The following basic training packages are reviewed, and information is provided that may be helpful to the trainer who uses a prepackaged training system.

Human Resource Development Videotape Series - Life Skills. Carkhuff, R.R., Amherst, Mass. 01002. Human Resource Development Press, 1975.

Behavioral Counseling. Hosford, R.E. American Personnel and Guidance Association, 1974.

Systematic Videotraining for Beginning Helpers. Ivey, A.E., & Gluckstern, N.B. Amherst, Mass. 01059.

Interpersonal Process Recall: A Method of Influencing Human Interaction. Kagan, N., 1976.

Films and Audiovisual Aids

A variety of films and audiovisual aids are available and the authors who contributed to the Basic Helping Skills text have indicated those that would be most appropriate for use with each unit. In addition, the following resources are recommended:

Allyn, M.V. About aging: A catalogue of films. Los Angeles: University of Southern California, Ethel Percy Andrus Gerontology Center, 1977. This catalogue contains annotations of a number of films that might be useful as aids in conducting training.

Hey, Don't Pass Me By. This slide-tape presentation depicting the role of counseling in the lives of older people is available on a free loan basis from APGA.

UNIT I - B

PRINCIPLES AND TECHNIQUES FOR TEACHING COMMUNICATION SKILLS

Barbara E. Engram

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Prior to assuming her present position, she spent two years in the Far East. She was Director of the Graduate Program in Counseling in Okinawa, and taught undergraduate psychology for the University of Maryland overseas programs. She has conducted numerous workshops and training sessions on communication skills.

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SECTION GOAL

The goal of this section is to provide the trainer with the basic information and specialized techniques that distinguish teaching communication skills from teaching other types of subject matter. Specific training techniques and guidelines for preparation are included. These serve both to provide resources and to aid the trainer in maximizing the impact of individual sessions as well as the impact of the entire training program.

Focus of Materials for Trainers:

- basic information on techniques for skills training
- suggestions for trainee evaluation

INTRODUCTION AND OVERVIEW

Teaching basic communications skills differs in some important ways from teaching traditional subject matter. It requires, first, a trainer who is an adept and experienced communicator, preferably a counselor. The trainer not only must understand and be able to discuss communication skills, but also must be able to model the skills, as a demonstration prior to trainee practice and in all interactions with trainees.

Second, teaching communication skills involves careful application of principles of learning. This differs somewhat from the application of these principles to teaching adults, which was discussed in the preceding unit. As professionals in the field of human change, we must use all the knowledge we have at hand to increase our effectiveness. As trainers, we need to be aware of our actions and the impact they will have on trainees and to plan carefully to ensure that our trainees derive maximum benefit from our efforts. At all costs we should avoid the error of "giving a lecture on the ineffectiveness of the lecture method for teaching."

The following discussion presents a number of considerations for planning and implementing training programs, using established principles of learning. Considerations in overall planning are discussed first, followed by issues and techniques related to individual training sessions. The last section examines evaluation as a teaching tool.

SECTION A – COURSE PLANNING

Planning courses, training programs, or sessions requires attention to a variety of aspects of the learning process. The three components of planning discussed in this section are goals, content sequencing, and length of training.

Part 1 - Goals

Planning for any project or activity proceeds more smoothly when goals are specified clearly and precisely. Skills training involves changes in trainees' behavior; therefore, goals are written as descriptions of things trainees will be able to do on successful completion of training. In the more traditional educational setting, goals are stated more often as knowledge and specify things trainees will know or understand. The knowledge aspects of skills training are specified behaviorally as things the trainee will be able to describe, discuss, list, define, and so forth.

Cognitive changes such as increased awareness, knowledge of new terms, or understanding where and when to use skills are a part of skills training, but these function as subgoals supporting and facilitating the learning of new ways of behaving. Cognitive changes generally occur faster than changes in behavior and so precede behavior change.

It is important to consider the value systems of trainees when planning to teach them new ways of behaving interpersonally. The most carefully planned training course can fail if trainees consider the new skills to be discourteous or unhelpful to others. The new skills being taught are often socially atypical; trainees have rarely or never seen others use them. Time spent early in the training course demonstrating and discussing the skills, and responding to trainees' questions and doubts about them, is worthwhile. The ultimate goal is for trainees not only to learn the skills but to use them appropriately.

Goals written in clear language can be shared with trainees. Trainees who know and understand both the overall goals of a training course and the specific subgoals of each session can direct their energies toward learning the skills. When goals are unclear, trainees waste energy trying to outguess the instructor and to figure out what they must do to gain approval. By clearly stating goals, the trainer informs trainees of what is wanted and frees them to concentrate on learning designated skills.

Part 2 - Content Sequencing

Whole-to-part sequencing facilitates trainee learning. When trainees have seen the final product, they have a context within which each subskill makes sense. For example, spending time learning attending skills seems reasonable when one understands how they contribute to the overall skill of empathic or active listening. A picture of the final, complex skill provides a conceptual framework that makes it easier to remember discrete subskills. Rather than learning and trying to integrate a series of subskills, then, the trainee learns each subskill as part of a complex skill. A variety of ways exist for presenting the whole product to the trainee. One very effective way is for the trainer to serve as a model by having the trainees observe him or her in an actual interaction or series of interactions. Videotapes of effective interpersonal interactions may also be used but must be carefully selected to reflect the interests and goals of the specific training group.

After setting up the whole-to-part sequence, simple-to-complex and easy-to-difficult sequences can be used to order subskills. The development sequence is also cumulative, with later subskills building on and using earlier ones. In this approach the trainees gradually develop the overall skill, starting with basic subskills and ending with a process of integrating subskills and polishing the finer points of the overall skill.

Part 3 - Length of Training

The overall length of training is directly related to the specified goals. Changes in awareness and other cognitive goals generally take less time than changes in trainee behavior; it does not take as long to change what we know as it does to change what we do. In a single session, trainees' understanding of a skill may change a great deal, but their behavior may be affected minimally.

In planning skills development courses, the trainer must consider the relative merits of massed versus distributed practice. In massed practice, training occurs in one or a few prolonged sessions, such as all day workshops. In distributed practice, training is spaced out over several weeks, with shorter individual sessions.

From a practical point of view, full- or half-day workshops may be easier to schedule than ongoing training sessions, and absenteeism does not disrupt learning. Group cohesion develops more rapidly as trainees spend prolonged periods of time together working toward a common goal. Trainee enthusiasm for learning can develop quickly along with a lowering of resistance to behavior changes.

With massed practice the skills may be learned, but difficulty arises as trainees return to the outside world. Without a support group and ongoing practice, trainees may have trouble maintaining their skills and incorporating them into their interaction styles. Supervision, which is discussed in the following unit, becomes increasingly important where massed practice is used.

Distributed practice provides an ongoing support group for trainees. They can practice what they learn during each session in the outside world and return for support, feedback, and correction. In this way, the transfer of skills can be monitored closely. The spacing of sessions also allows more time for skills to be integrated into the trainees' interpersonal styles.

When sessions are spread out over a number of weeks, group cohesion takes longer to develop. Problems also arise when trainees miss sessions, and scheduling is more difficult. For most, setting aside a day or an afternoon for training poses fewer problems than committing oneself to every Thursday afternoon for six to eight weeks.

Where possible, combining massed and distributed practice schedules can capitalize on the strengths of each. Early massed sessions can help develop group cohesion and enthusiasm, and get trainees well on their way to mastering new behaviors. Later distributed sessions help them to consolidate their learning and return for support and further refinement of their new skills.

SECTION B — SESSION PLANNING

In planning individual training sessions, it is again important to use the whole-part-whole paradigm. That is to say, you begin with general goals for the training, develop subgoals for each session, then evaluate the extent to which coverage of the subgoals will result in the desired end product. In planning the individual sessions, some important points to consider are consistency of format, sequencing of activities, role playing, and use of feedback.

Part 1 - Consistency of Format

Using a standard format or sequence of activities for each session offers several advantages. Within each session a variety of planned activities can be used including brief lectures, role-play practice, and discussion. The changes in activity keep the sessions lively and help to avoid fatigue. Alternating modes of presentation, from activities that require passive trainee behavior (such as lectures) with those that foster active trainee involvement (such as role-play) also allows needed redundancy without boredom. Not all trainees learn equally well with the same modality, and variety increases the likelihood of learning for all.

However sessions are sequenced, maintaining the same format over a series of sessions lets trainees know what to expect. Rather than passively waiting for trainer instructions, they can anticipate activities. Less time is used explaining activities and giving directions, and more time can be devoted to actual training.

Part 2 - Discuss-Model-Practice-With-Feedback Sequence

This sequence of activities has been widely used in skills training. Presenting trainees with an actual model of a skill or subskill offers them clearer guidelines for imitation than does verbal description alone. Discussion allows the instructor to highlight various aspects of the skill to be demonstrated, to explain background factors, and to prepare trainees to attend closely to certain features of the demonstration. Prepared models, such as audiotaped or videotaped interactions may be used, or the instructor or an assistant may demonstrate the skills to be learned. As with the teaching of any material, the instructor should be skilled in the particular behaviors to be taught. This becomes especially important if the trainer is planning to model skills for trainees. Though prepared models are available and useful, live demonstrations of skills by trainers help to enhance trainer credibility. They also allow the trainer to select situations for demonstrations that are personalized to the particular interests and experiences of a given group of trainees.

After discussing a skill and observing a model of it, trainees have the chance to practice it and receive feedback on their performances. The practice actively involves students, which facilitates the learning process. In addition, the trainer has the opportunity during practice to correct any misunderstandings and trainee errors and assess the accuracy of the trainees' learning. Feedback to trainees during and following practice facilitates learning by giving immediate information about performance. With this immediate feedback there is also less chance of trainees practicing incorrect responses. Rules governing feedback are discussed in Section C.

Part 3 - Role Playing

Role playing allows trainees to practice skills in simulations of real situations in which the skills can be used appropriately, but with the opportunities to stop and start situations and freedom from negative consequences. The more closely a role play can simulate real situations, the more transference of skills is enhanced. Using trainees' interests and experience to select role-play situations increases the relevance of the learning and trainee involvement. When trainees are to practice using a real situation they have encountered, having them briefly describe the behaviors of the other persons involved gives guidelines for persons assuming those roles in the re-enacted situation. This increases the accuracy of the simulation, thus giving the trainee practice in using the skill in a situation closely resembling the real one.

Role play can be monitored in different ways. Some prefer to divide trainees into triads, so that one trainee can serve as an observer or monitor for the role played skill practice. With this approach, trainees can spend more time in actual practice. One drawback is the use of relatively unskilled trainees as monitors. When the skill or subskill to be practiced is fairly clear and simple, trainees may be able to learn quickly to detect errors in performance. When the skill is complex, a trainee observer may not be able to monitor effectively. Practice makes perfect only when the practice is accurate; with an unskilled monitor the risk of practicing incorrectly may be increased.

A second approach involves trainees practicing in dyads, with the remainder of the group observing. The amount of time devoted to active practice by any trainee is less than when triads are used, but there is less risk of incorrect practice. The time spent by the group in observing is not lost because they actually may get much vicarious practice. This effect is enhanced by instructing trainees to practice vicariously and by involving them actively in giving feedback.

SECTION C — FEEDBACK: REWARD VERSUS PUNISHMENT

Frequently, feedback to trainees about their performance has taken the form of pointing out their errors and failures. Attention is focused on what the trainee does wrong rather than what the trainee does right. In skills training expecially, this approach has limited usefulness. The goal is to teach trainees what to do, not to inform them of what they should not do. At times, if what a trainee does violates basic principles of interaction, a mildly punishing approach of pointing out the error may be useful to stop it. This should always be paired with information about what behavior would be more appropriate.

According to this approach, there is no such thing as constructive criticism. Inasmuch as criticism is usually experienced as punitive, its value in helping the trainee develop new skills is extremely limited. For many people, focusing attention on their errors, pointing out where they have gone wrong, or highlighting the inadequacies in their performance is experienced as punishment. Trainees may feel embarrassment, a sense of shame, or even anger or resentment, none of which facilitate learning. Trainees may react with defensiveness, which is counterproductive to the openness and risk taking involved in attempts to change behavior and try new skills.

Various lists of feedback rules are available, but most focus on pointing out what the student has done well, describing the trainee's behavior rather than examining the trainee's motives, and offering suggestions for improved performance. The focus of attention is not on pointing out that a trainee has done badly, but rather on efforts of the group and the instructor to help the trainee improve his or her skills.

One principle of reward states that early reward helps learning. Trainees' performances during the early phases of training are less accurate, so early in training trainees are rewarded for trying. Taking the risks involved in attempting to learn new skills merits reward. Later, as trainee skill increases, rewards can be offered realistically for performance. When trainees are involved in learning, the instructor's approval generally serves as a powerful reward for their efforts. In giving feedback, it is important first to tell a trainee what has been done correctly and to follow this with suggestions for improvement where needed.

Advanced organizers can help trainees deal with the frustrations accompanying early attempts to learn a new skill. Since awareness develops more rapidly than behavior change, trainees often will go through a stage in which they recognize their performance is unskilled, but in which they as yet are unable to use new skills. This is frustrating and can be discouraging. An advanced organizer explains this to trainees, alerting them to the fact that they will experience frustration and explaining it as a natural part of the process of change. Thus alerted, trainees deal better with the frustration and are able to understand it as an indication of learning rather than of failure.

With trainees who believe they cannot change, especially with experienced adults who may believe that they cannot learn new skills, early rewards and slower pacing of change can be helpful. The most persuasive argument that a person can change is a demonstration of change. Some people resist change because they fear they cannot change, and a training program can ill afford to ignore these trainee beliefs. Older people may need to go more slowly at first, simply because their ways of behaving are strengthened by long years of habit. This does not mean that they cannot change, just that they may change at different rates and in different ways than younger trainees.

SECTION D — USING HOMEWORK

Homework assignments help the trainee to carry over what is learned in training sessions to the outside world. When used carefully, they can increase greatly the amount of practice for each trainee. To be of value, homework must be incorporated as an integral part of the training. A good way to begin each session is to discuss the homework assignment, reward trainee successes, and give feedback to improve in areas where trainees had trouble. To assign homework and then never refer to it again gives the trainee a double message. The assignment says that the homework is a valuable activity; ignoring it says it is not. When homework is not discussed, trainees will quickly stop doing it, and its benefits are lost.

During the early phases of training, homework can be used to increase trainee awareness. By monitoring their own behavior, or keeping a record of situations in which the skills to be learned could be used appropriately, trainees increase their understanding of the relevance of training. After skills training has been underway for some time, trainees can practice their skills between sessions and record the successes as well as the difficulties they encounter. Thus trainees move from practicing skills in the simulated role play situations in class to attempting to use them in interactions outside class. The additional practice thus gained helps the trainee to assimilate and consolidate the new behaviors.

The homework contract should be written clearly. For skills practice, homework should involve using skills that have already been learned and practiced in class. If trainees attempt to use skills before they have been practiced in class, the risk of practicing the wrong behaviors increases. The more concrete and specific a homework contract is, the more likely a trainee will fulfill it. The number of times the skill will be attempted, when, and under what circumstances should be specified clearly. Guidelines for recording what the trainee has done should also be clear. Recording a successful attempt to use the skill serves as a reward for the trainee. Recording can be set up so that unsuccessful attempts are not punished as failures but recorded as situations yielding information for further learning. The trainee can be rewarded for increased awareness and understanding of the skill and its application.

Care must be exercised in determining the amount of homework to be assigned. Enthusiastic trainees and trainers can easily agree on too much. For example, spending a half-hour daily in practice may seem reasonable, but trainees may find that it seriously interferes with their other responsibilities and activities. When a lesser amount of work is assigned, trainees can easily do it. The instructor can clarify that the assignment involves the minimum amount of work expected and that the trainee is free to do more. Assigning the minimum increases the likelihood that it will be done, creating the opportunity for rewarding the trainee. It is also easier for trainees to do more than the minimum assigned, creating an additional reward situation.

SECTION E — EVALUATION

Evaluation traditionally has been seen by trainees as a punishment situation, the point at which failures are specified. It can be used more productively as an opportunity for learning when it is regarded as a feedback situation. When feedback rules are used, evaluation becomes an opportunity to specify what the trainee has done well and to give suggestions for further improvement where needed. This communicates to trainees the message that their skill learning is not finished; the course or session has really served to give them a good beginning.

One good way to use evaluation results is to involve trainees in planning how they will, in the future, work to improve the skills they have learned. Over a series of sessions, the instructor has been available to help with ongoing evaluation of performance and learning. When the formal training has ended, the trainees take over the responsibility of continuing their training on their own. A final evaluation provides a good opportunity to review techniques used during training, and trainees can discuss ways they could use or adapt the techniques to become their own teachers.

When goals are written clearly as things the trainee will be able to do at the end of training, evaluation becomes easier. The tasks the trainee performs for the purpose of evaluation are known beforehand, and activities of training and their contribution to the final performance are understood. When the goals have been stated clearly and the final skill demonstrated at the beginning of training, evaluation of trainee performance at the end of training brings the class full circle, and closure is achieved. The entire training can be experienced as a whole package from learning about a goal to a series of activities that lead to achievement of the goal.

SECTION F– USING THE PRINCIPLES AND TECHNIQUES IN PLANNING

The whole-to-part sequence is useful in planning training courses. The first step involves stating the outcomes of the course in terms of what a trainee will be able to do on completion of the training. Once these behavioral goals have been stated clearly, major subsections or subgoals can be determined. For example, in this unit major subsections focus on course planning, session planning, evaluation, and the planning process. Within these larger divisions, specific sessions can be planned. First, the trainer designates goals for a session or sessions within a major section of the course and then plans the specific activities for each session. The evaluation session, which is usually the last one, involves setting up a way to measure the goals that were specified at the beginning.

SUMMARY

This section provided basic information for trainers on considerations in and techniques for teaching communications skills. The first topic area, course planning, included attention to the development of behavioral goals to facilitate learning, as well as considerations in content sequencing and planning for the overall length of training.

Issues to consider in planning individual sessions were also covered in detail. These included attention to use of a standard or consistent format, a model that involves presentation, discussion and practicing with feedback, and the use of role playing.

Additional sections provided suggestions for giving trainees feedback, emphasizing a reward rather than a punishment approach, and using homework activities to increase trainees' opportunities to practice and develop their skills. The section included evaluation suggestions and, finally, discussed the overall application to planning of the principles and techniques explained in the unit.

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UNIT I - C

TEACHING ADULTS

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SECTION GOAL

The goal of this section is to increase the trainer's knowledge of how best to tailor instructions to the unique characteristics of the mature learner. Basic concepts related to teaching adult learners are included. Information about various learning needs and styles is presented in order to help the trainer design effective and responsive training programs.

Focus of Materials for Trainers:

- knowledge of experienced adult learners
- suggestions for teaching experienced adult learners

INTRODUCTION AND OVERVIEW

> It requires a singularly sensitive instructor to perceive which key opens the door to learning. Most people prefer to use a standard key and when the lock does not turn they see no need for self-reproach but refer to the inadequacy of their pupils.
>
> Belbin & Belbin, 1972

The goal for this unit on teaching adults is to assist the reader in understanding that to teach, one must also understand learning. Further, to teach middle-aged and older adults, one must understand that individual differences become the most predominating aspect of the teaching-learning process. It often has been stated that individual differences become more pronounced as we grow older. This fact holds tremendous importance when we approach education and training programs for experienced adults. The diversity of educational needs, learning styles, expectations for what is to be learned, and intended uses of learning all come together to make our job most difficult — and most rewarding.

You might note that the differences found in teaching middle-aged and older adults as opposed to younger, school-aged adults hinge on the accumulation of experience associated with the accumulation of birthdays. Age, as an isolated factor, does not have a great deal to do with how adults learn. There are some age related changes, however, that do alter the way adults learn. For instance, decline in visual and hearing abilities requires us to alter the ways we present information to some experienced adults. Most of these changes you have learned about elsewhere, and we will assume you also know how to deal with them. We will focus here on the information available on the teaching and learning processes associated with middle-aged and older adults.

SECTION A — UNDERSTANDING THE EXPERIENCED ADULT LEARNER

Part 1 - Philosophy of Teaching

The first section of this unit is devoted to exploring how the adult trainer/educator views his or her students. The facts surrounding the differences between experienced and younger adults and the orientation you take toward them will be our primary interest here.

Before we proceed, one essential point must be made: Experienced adults CAN learn. This point has been made and repeated throughout the adult learning and gerontological literature. All of the laboratory experiments, all of the training research projects that have been conducted on adult learning, verify this point. One principle, however, must be added to this point: Experienced adults can learn, but each will probably have a unique way of learning.

That is what the Belbin and Belbin quotation at the beginning of this chapter emphasizes. Most experienced adults will have their own approaches to learning, and it is the skillful and knowledgeable trainer/educator who knows this and makes the most of it.

In an extensive review of published works regarding the teaching of adults, Landvogt (1969) discovered a number of "criteria" important to a "philosophy" of teaching. These criteria provide basic understandings of the best approach to take when entering into a training/educating activity with persons who, by virtue of having celebrated many birthdays, have also accumulated vast experience on which they rely.

a. Respect the ability and autonomy of the learner. How often have we experienced a learning situation in which we, as mature adults, were not expected to learn as well as younger persons? How often have we seen the ideas of experienced learners dismissed as "opinionated" by teachers accustomed to teaching younger students? This is quite often the case in the traditional college and university classroom. The experienced adult, placed among younger students, is often faced with an approach to teaching and learning focused on abstract and future oriented ideas. While this particular challenge of "higher" education appeals to some adult learners, and appropriately so, many experienced adults simply do not seek this type of intellectual exercise, but often are most interested in concrete and specific here-and-now ideas. They have lived through a great deal and, as a result, have many experiences on which to rely. These experiences often cause them to question the "textbook" ideas promoted in many classes. The adult trainer/educator who fails to understand and respect the abilities of experienced adults may also fail to understand the unique learning approaches experienced students have developed. The points to be made here are that experienced adult trainees come from extremely diverse backgrounds; their abilities are measured in many different ways, and their need to be recognized as thinking, ably functioning individuals should be considered when they are in a training/learning situation.

b. Use the learner as a source of content for learning. Most adult education courses involve what has become known as instrumental content. In other words, the material taught (the substance of the course) is focused most often on useful and immediately applicable skills or knowledge. The skills and knowledge to be learned must be tailored for each individual. It is important to remember, therefore, since we all acknowledge individual differences, that each experienced learner will need to apply his or her own "style" to making use of what is learned. If a class is focused on problem solving tasks, such as financial planning for retirement, the problem solving approach of each individual will need to be explored and used in designing the right financial plan for each person. The importance of using the experienced learner as a primary source of content cannot be overemphasized. Most of what takes place in adult learning situations is based on the ideas, experiences, and attitudes of the trainee. As will be discussed later, this use of the learner's experience will also become an important part of the learning to learn process, described by some adult educators as essential to teaching experienced adults.

c. Give the experienced learner the opportunity to take responsibility for his or her own learning accomplishments. It is a relatively sure bet that most adults do not like to take tests. It is also a sure bet that most approaches to teaching that prod and push the experienced adult will be a tremendous "turn off" to them. It is important for them to accept fully the responsibility for their own learning. In educating younger adults, the institution, teacher, or administrator must intervene and somehow measure the extent of the learner's accomplishment. Grades then become the measurement of the learner's success. This cannot (or at least should not) occur with middle-aged and older adult learners. The old adage, "You can lead a horse to water, but you can't make it drink," certainly applies here.

Adults usually have a purpose for participating in a learning experience. They know ahead of time what they want to get out of a class or course. To make the assumption that the trainer will decide the topic, and test on that topic, is to defeat the potential of the course for two reasons. First, many experienced adult learners will not respect predetermined subject matter as being most important. They also may resent the assumption that testing is the only sure way to evaluate what they have learned. Though they participate, experienced adults will just as often lead the discussion in a direction more suited to their own aims. This is often the case when experienced adults enter college and university classes. They seek to follow their own course guidelines, discuss their own ideas and experiences, and sometimes even ignore the instructor's class plan.

The second reason that a trainer-mandated class might fail is that, for a group of adults to "buy into," to accept, the content plan of a class or course, they must be allowed to see their own agenda satisfied. To be involved in the planning of the course is to assure their own participation to the fullest extent. If experienced adult learners are allowed to express their ideas regarding what is to be learned and how it is to be taught, they are more likely both to commit themselves to the success of the experience and to gain the knowledge and understanding that they and their trainer expect.

Part 2 - Differences Between Younger and Experienced Learners

There are several other differences between experienced and younger adult learners that are worth exploring. Knox (1977) defined some of these as follows:

- Adults attempt to master competence and performance, not information. As was suggested earlier, their purpose for being involved in a learning situation is to gain an ability or skill that will be immediately practical and useful. Adults are interested less frequently in the delayed rewards of scholarly inquiry.

- In most instances in which experienced adults involve themselves in organized and formal learning activities, their purpose is to modify or improve performance. Usually the experienced adult entering a training class has some notion or experience on which they want to enlarge or improve their understanding. Given this as the case, you are again encouraged to make use of both their reasons for attending class and the accumulated experiences they bring with them. This is essential if you are to make the experience as personally meaningful to your trainees as possible.

- For most experienced adults, the routines of job and life put them in the position of not needing to seek change. Habits, as we have all painfully learned, are very difficult to modify. If, for example, we have a certain viewpoint regarding the nature of human behavior, and this viewpoint is reinforced by our daily experience, we are hard pressed to change our views. The challenge to the validity of our beliefs, especially in the case of adult development and aging, grows constantly.

To use the term guidance, for example, may connote giving advice or being very directive in telling an individual what to do. While some experts say that a directive approach may not be suitable when working with older persons, the trainee may believe that giving advice or being directive is the best way to "help" others. Given the contradicting points of view between theory and the trainee's experience, the trainee may find a conflict in knowing which course of action is appropriate. Should a trainee be directive or not? As Knox (1977) points out, an experienced adult's work and living routine may be substantially reinforced to the extent that changing a viewpoint is practically impossible. We have also found, however, that most experienced adults are capable of change, given the appropriate motivation. The trainer would be well advised, then, to take small steps in the process of change, rather than try to convince experienced, able, and knowledgeable people that their viewpoints are wrong and that they must accept a point of view radically different from their own.

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A LEARNING NOTE: At this point in your reading you may become somewhat overwhelmed by the amount of information in this unit. Now might be a good time to put the book down and reflect on what has been presented so far. If you do not feel you have a good "handle" on what you have read, go back and review the first pages before continuing. What follows is probably better understood if you have been able first to assimilate what came before.

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- A great deal of experienced adult learning occurs informally. Most middle-aged and older adults have been involved as learners throughout their lives. Whether in learning to cope with ever more complex IRS forms and regulations, or learning which fertilizer will increase farm yield, adults are constantly learning. Therefore, you probably should not expect that an isolated hour or two each week will become their only source of learning the topic you are attempting to teach them. A principle of adult education to be discussed later — Interference — illustrates this point. Interference, the principle that informal learning becomes confused with and conflicts with formal learning, prohibits, or at least inhibits, experienced adults from fully accepting and learning that which you are attempting to teach them. This interference from informal experience becomes a major concern of the adult trainer/educator.

- Attitude change is typically part of learning activities that deal mainly with building skills and knowledge. An example may help to clarify this point. If an experienced-adult learning group has the attitude, gained through experience, that elderly persons are rigid and incapable of changing, then their attitudes and resulting ability to accept the notion that older adults can learn will be seriously limited. You are placed in the position of first trying to change, or at least modify, their attitudes and beliefs before you are able to impart the skills and knowledge necessary for your trainees to work in an educational or change effort with older persons.

Most of what Knox (1977) and others are attempting to say is that adults may carry into their learning activities many beliefs and attitudes that must be modified before they can become fully engaged in those activities. This first section has been devoted to exploring ways to approach the training experience that will allow you to accomplish that modification. It is hoped that, as a result of reading these pages, you will have a clearer understanding of the potential that education holds for middle-aged and older adults. Further, while it is truly possible for experienced adults to learn, teaching them must be conducted in a manner to which many of us are not accustomed.

Part 3 - Key Points to Remember

The following points reflect the main ideas covered in Section A, Understanding the Experienced Adult Learner:

a. Experienced adults can learn.

b. It is important for trainers to respect the ability, experience, and individual differences of their trainees.

c. The trainee is an important and essential source of content for the training class.

d. The trainee should accept responsibility for his or her own learning.

e. Trainees will most likely be more concerned with improving their on-the-job competence than accumulating facts and theories.

f. In most cases trainees will attempt to change or build on certain skills and abilities they presently have rather than gain completely new skills and abilities.

g. A trainee's routine or habits may decrease or block the ability to build or change.

h. Informal learning may tend to overwhelm or "cancel-out" formal training.

i. Attitudes toward a training topic often must be explored and modified before skills and abilities can be improved.

SECTION B — BASIC PRINCIPLES OF ADULT LEARNING

This section will focus on the following two areas:

- Experienced adult learning theory: A model of how memory works, including attention to aging-related changes in memory.
- How experienced adults process the information they receive.

It all sounds rather complex, and it is to a certain extent. Every attempt is made, however, to reduce the technical aspects to a minimum. The important point here is that, if you lack a fundamental understanding of how learning takes place, you will be an ineffective trainer/teacher.

Part 1 - Experienced Adult Learning Theory

Early learning theory of the late 1920s held the position that older persons were not capable of learning very well. An early researcher in adult learning, Thorndike, conducted an experiment in 1928 to determine when and how much the ability to learn decreases as one grows older. Using persons ranging in age from about 14 to 50, Thorndike found that after about age 22, the ability to learn decreased about 1% per year until age 42. This was a pretty bleak picture for those who felt learning was a life-long ability. For those who persisted in the belief that Thorndike and his colleagues were incorrect, the wait for research to dispute these findings was to be a long one. In the mid-1940s researchers began to realize that it was the type of test used in measuring experienced adult learning ability that was to blame for the negative results. It was not until the 1960s that positive evidence led to the conclusion that there is little decline in learning ability as one grows older (Craik, 1977).

Memory is usually defined as the ability to retain information regarding previously learned material. In dealing more completely with memory, and in attempting to provide a basic understanding of why some experienced adults feel as though their memories are failing, we need to explore the ideas found in an information processing model of memory. This model notes three different stages of memory: sensory memory, primary memory, and secondary memory. Some gerontology instructors talk of primary memory in terms of short-term memory. Cognitive psychologists, those who conduct research on adult learning and memory, have suggested that the short and long aspects of viewing memory are inaccurate, and they encourage us not to use those time related concepts in our descriptions of how memory works (Craik, 1977).

Sensory memory is the mechanical way we humans receive information for learning and memorizing. When we see or hear something that attracts our attention, we hold it for a very brief time in sensory memory storage. If we do not pay enough attention to the information received through the senses, it is almost immediately forgotten. One can imagine how much information actually becomes available to our senses to understand that we pay attention to and then "file in storage" only a very small portion of what our senses pick up. The most important aspect of sensory memory understanding for trainers is that if your trainees do not pay attention to the information you want them to sense, they will find it impossible to remember later. Sensory memory is also important when we consider age changes that occur in the visual and hearing senses. If you do not plan to provide some way of assisting those with visual and hearing impairments, you will not have much chance of communicating your material to your trainees.

If some information brought into sensory memory is judged to be important for some future use, and this is usually determined by the level of attention paid to the information, it will be transferred to primary memory. Primary memory is also a storage mechanism that holds information for a very brief time. Studies of primary memory, which involve the memorization and immediate recall of word or number lists, have shown that the average capacity of primary memory is only 2 1/2 to 3 1/2 "bits" of information. Therefore, it is important that attention is maintained in order to transfer the information immediately from primary memory to secondary memory. The main function of primary memory is to "encode" the information for storage in secondary memory. Many researchers believe, and their evidence is quite strong, that most older persons have difficulty with this "coding" process. The coding process takes place in primary memory and involves organizing the information in a way that will permit easy recall.

Each of us has a system, or several systems, that we use in coding information for storage in secondary memory. Do you remember how you learned to spell Mississippi? There are probably several techniques for remembering the spelling of this word, but the important point is that we each probably have our own way of organizing information for memorizing. Lists of spelling and vocabulary words are often reduced to some nonsense word (acronym) comprised of the first letters of the words on the list. The names of the states in the United States are memorized through alphabetic organization or some other mechanism. Whatever aids we use to memorize, we use them to transfer information from primary to secondary memory.

Secondary memory, then, becomes the storage file for everything we have ever learned. It is here that most older persons encounter difficulty with memory. Researchers contend, however, that the fault does not lie in the storage itself but in the faulty use of aids in storing information. Thus, experienced adults, while having to deal with tremendous amounts of information accumulated in their secondary memory store, have difficulty because they do not pay enough attention to how they transfer information from primary to secondary memory. More on how teaching techniques can help with this problem will be discussed later.

Part 2 - How Experienced Adults Process the Information They Receive

There are essentially seven principles in the process of learning and retaining information that have direct relevance to teaching adults. These principles are: (a) attention to information, (b) using memory, (c) practice and reinforcement, (d) interference, (e) pacing, (f) transfer, and (g) incidental learning. Several of these principles have been discussed before in this chapter, but as you will see when we get to practice and reinforcement, repetition is a helpful learning aid.

a. Attention to information. Most learning undertaken by adults is purposeful. In other words, they want to learn something and take special steps to learn it. If they have had some previous learning in an area of focus, their task will be easier. They already will have learned some useful aids to assist their memorization of material, and they probably will have learned things that you, as an experienced adult, believe to be incorrect. There will be some benefits from their previous learning, and some detriments. If the topic is totally new to the experienced adult, the task will be simplified. The trainer can begin with a great deal of motivational effort to catch and hold the learner's attention. As was noted in the discussion of information processing, material to which little attention is paid will not likely be learned.

b. *Using memory*. We have already reviewed a simple model of how memory works. The problem comes in knowing how to use that model to the best advantage of our trainees. Memory involves three phases: registration (coding), retention (storage in secondary memory), and retrieval (recalling from secondary memory). The recall or retrieval of information is greatest when it is meaningful. If you are asking your trainees to memorize information in a classroom environment, but want them to use the information in their work settings, they might have greater difficulty in recalling at work than in the classroom. *This is why it is so important that trainees immediately apply what they have learned in training to their job settings*. By doing so, they will have reinforced the retention of the information. In most instances, if the material is learned properly in the first place, there is little or no difference in the ability of experienced and younger adults in recalling information stored in secondary memory — IF it has been stored in a way that allows it to be retrieved. *The major problem lies in coding*. The effective trainer/educator will know this and be prepared at all times to aid experienced adults by making sure they will be able to recall through the efficient storage of information.

c. *Practice and reinforcement*. Most learning requires more than a single attempt to be successful. This means that the experienced adult learner will be more successful with practice of the material to be learned. Middle-aged and older adults who have not been involved in formal education activities for many years are likely to be less effective learners for several reasons. One is that learning might have less value to the experienced adult, and thus there is less incentive to learn. Younger learners receive a variety of reinforcements for successful learning (e.g., scholarships, praise and admiration of friends), all of which build incentive to learn. Experienced adults also have incentives that reinforce them to do particular things and ignore others; however, given our acceptance of a high degree of individual differences among experienced adults, this will be more individualized and less predictable. By giving each individual special attention, the effective trainer/educator will be able to learn what incentives motivate and reinforce their trainees and thus aid them in becoming successful learners. It is also important to note that while younger learners, due to their motivation to gain important reinforcing attention, are quite willing to practice, practice, practice a lesson, this is not so with experienced adults. They will need a variety of practice experiences in order to gain an understanding of the applied nature of their learning. Their quest for utility of knowledge will allow you to provide field practices that should be effective and successful.

d. *Interference*. As you will recall, interference was described earlier as the principle that informal learning becomes confused with and conflicts with formal learning and thus prohibits or inhibits the formal learning process. When there is troublesome interference, the experienced adult learner may take longer to master a learning task. It may be necessary first to unlearn the interfering material before learning new material. Effective trainers/educators will be able to overcome the negative effects of interference by being sure first to discover the nature of the interfering information and actively to aid the trainee in extinguishing the old information.

e. Pacing. Pacing refers to the speed at which experienced adults learn. Pace has been described as one of the major age-related influences on learning effectiveness. Adults of any age, and especially older adults, learn most effectively when they set their own paces, take breaks periodically, and spread the content of learning over a number of learning sessions. Experienced adults vary greatly in the speed at which they learn most effectively. They tend to reduce speed of learning and emphasize greater accuracy. Often they will wish to perform in a highly accurate fashion, and thus will proceed very slowly with their learning experience in order to avoid errors. This tendency toward careful attention to accuracy suggests that the effective trainer/educator will keep the pace slow and provide sufficient pauses to avoid tiring of trainees.

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A LEARNING NOTE: In practicing what we preach, it might be a good time to put the book down for awhile — maybe until tomorrow — to give yourself a break. If you should do this, we would encourage you to review up to this point when you begin again in order to refresh your memory. Remember the rules of reinforcement.

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f. Transfer. Transfer, the application of what is learned to a real world situation, is an important aspect of training. If your trainees are not able to apply to the job what they learn in the classroom, then one might question the value of training. Experienced adults will be involved in training for one purpose: to apply what they learn to their jobs and lives. The effective trainer/educator, therefore, will be sure to find a way of knowing, without testing, that what has been learned during training can and will be used outside the classroom. Case reports and practice are ways of ensuring the transfer and are discussed more fully in Sections B and D of this unit.

g. Incidental learning. Incidental learning refers to the information that the experienced adult acquires regarding the topic of training outside of the training environment. As was suggested earlier, this informal learning can sometimes interfere with effective and successful learning. It also can be, in the sense of reinforcement, a great aid to learning. If you want to put incidental and reinforcing learning to use, have students practice and learn the skills being taught in the training sessions. By doing this, incidental learning will have a positive meaning for the experienced adult's successful mastery of the training material.

To recapitulate briefly, this section has focused on the characteristics of learning and memory as they relate to experienced adults. Included was a discussion of sensory, primary, and secondary memory and seven principles of information processing in adult learning. The next section will provide an overview of the basics of teaching middle-aged and older adults.

SECTION C — BASIC PRINCIPLES OF TEACHING EXPERIENCED ADULTS

Most of the following material is based on an article written by Morris Okun (1977). Okun conducted an exhaustive review of the prominent basic research that had been conducted on adult learning and memory (cognitive psychology). The article provides an introduction to the area of older adult learning and is recommended to the reader wanting to explore this area in depth. As Okun states: "The purpose of the present review is to delineate some implications of the findings from laboratory experimental research for the instruction of older adult learners" (p. 139). Twenty-five basic principles of teaching experienced adults will be discussed here.

Part 1 - Rate of Presentation

a. Present new information at a fairly slow rate. As suggested earlier, pace is an important factor in the learning success of middle-aged and older learners.

b. Let the experienced adult proceed at his or her own rate whenever possible. Individual differences play a role in how fast people want to go in learning.

c. Provide plenty of time for an older learner to respond to questions. It might take them longer because they have more information stored in secondary memory to sort through and their retrieval aids do not always work as fast as those of younger persons.

d. Present a limited amount of material in a single class or presentation to avoid overwhelming the learner. Oftentimes we become so caught up in our teaching that we forget some people are not nearly as interested, and thus motivated, in our topic. Older learners need to have a break every 45 minutes or so.

Part 2 - Advance Organization

e. Present new materials and information in a highly organized fashion. You will recall from our discussion of transfer that one problem older learners have is the process of organizing materials for accurate retrieval. The more we as trainer/educators can provide "advance organization" of material, the better our trainees will be able to understand and memorize.

Part 3 - Use of Aids

f. Use section headings, handouts, and summaries so that trainees can get a "handle" on the material. Again, the more aids to learning and organization an effective trainer can provide trainees, the greater their success in learning.

g. If memory processes are taxed in a learning project, encourage experienced adults to use familiar aids to learning. Many educators of experienced adults suggest that much of our training time must be spent in "learning to learn" activities. People who have been away from organized learning for a long time have become rusty in their learning skills and need refreshers frequently.

Part 4 - Interference

h. Avoid wandering off the topic in order to avoid confusing trainees. Sometimes experienced adults have difficulty sorting out relevant and important information from irrelevant information. Also, the principle of "interference" comes into play here; an effective trainer will stick to the topic and avoid discussing information not pertinent to that topic.

i. If visual aids are to be used, be sure they are simple, bold, and clear. Visual acuity tends to diminish with age, and experienced adults are less able to work out the details of very abstract, visual displays.

j. Audio aids (e.g., tape recordings) are very useful when the information they contain is to be used immediately. Research indicates that learning by hearing is often faster than learning by reading (seeing), but that learning by hearing often does not last as long, unless it is reinforced quickly.

Part 5 - Individual Differences

k. Encourage the experienced adult to develop his or her own, unique aids to learning. Each individual has special ways of learning. These should be explored, and the successful trainer will capitalize on the unique strengths of individual trainees.

l. If the individual has trouble developing his or her own aids to learning, the trainer must be prepared to provide some. Older individuals often have not practiced learning for some time and will need extra assistance in getting started again.

m. Whenever possible, train experienced adults to use memory aids such as mnemonics (nē-mŏn-iks). Mnemonics are formulas or systems we create, such as acronyms, to help us memorize information.

n. Encourage trainees to use verbal practicing to gain greater success. It has been shown that if we verbally rehearse or silently talk to ourselves about the material, learning will be improved. Thus, if trainees want to remember the qualities of empathy, for example, their practicing this verbally will aid their memories.

Part 6 - Techniques of Presentation

o. Present information that is meaningful. This often is best accomplished by allowing trainees to participate in the decisions regarding what is to be learned. Even though many training situations call for predetermined content, the trainees at least can express their ideas about its relevance, thus giving it more meaning for them.

p. Try to determine how a group of trainees learns best and try to gear their training in that direction. As was discussed earlier, individual differences mean several different learning "styles" within a group. The effective trainer will try first to understand how the trainees learn best and then develop teaching techniques using these strengths.

q. Use examples of information being taught that are specific and concrete. Many experienced adults will not tolerate ambiguous and complex examples. It is best to practice explaining in the simplest terms possible. It is one thing to simplify and another to "talk down" to trainees, however. Usually, if the material is to be remembered it will be in specific and concrete form. As the computer programmers put it, "KISS — Keep it simple, stupid!" This is, by the way, an excellent example of a mnemonic acronym.

r. Provide enough time on each topic to allow your trainees to nearly overlearn the material. While much of the content of our training will not be exciting enough to encourage overlearning, an effective trainer should try to give as much attention to each subpart of the content as the trainees can tolerate. Overlearning provides the means for assuring recall to the extent that the trainee is able.

Part 7 - Introducing New Material

s. As you begin to introduce new material, try to anticipate what previous learning trainees have had that will interfere with their learning. Learning new material is an especially confusing process for many experienced adults. The effective trainer often can reduce this confusion by giving a short "quiz" or pretest to determine the nature of interfering information. It is best then to identify these interferences and make sure they are eliminated.

t. Organize new material so that potentially interfering portions are spaced as far apart as possible. If concepts such as empathy and genuineness interfere with each other, they should be discussed several sessions apart to minimize that interference.

u. Teach problem solving techniques. Again, any time we have the opportunity to provide aids to learning, our trainees will benefit by greater success.

v. Take advantage of the middle-aged and older learners' experiences. Any time a concept being taught can be translated into the experience of the learner, transfer will be enhanced. Also, if a learner's experience can reinforce what is being taught, others with similar experience will benefit from the transfer effects.

Part 8 - Feedback

w. Provide positive verbal feedback as often as possible. It has been found that experienced adults respond favorably to positive verbal reinforcement. When they do something correctly tell them so.

x. Do not assume that an experienced adult is not a capable trainee just because he or she does not grasp an idea the first time. Many of the factors or principles discussed above have important effects on the speed with which a trainee learns. Remember, just being out of practice in learning can make a trainee appear "slow."

Part 9 - Climate

y. The climate of the training environment should be supportive, friendly, and encouraging. Experienced adults perform most effectively in a friendly setting. Therefore, take time for group members to get to know each other; create a feeling of "we're all in this together," and provide as much positive feedback as possible to allow trainees to recognize that they can make mistakes without being penalized. Remember that many older adults had fairly negative, formal school experiences and fear the potential punishment they might receive for making mistakes. Most of us do not want to appear foolish, unless everyone else is in the same boat.

SUMMARY

The material contained in this unit covers only a small portion of what is involved in teaching adults. It has not discussed the use of lectures, small group techniques, or many of the other teaching strategies available. The essentials of knowing about experienced adult learners, about how they differ from younger learners, and how they go about learning have been covered. Probably the most important thing to remember is that, as Carl Rogers put it: "Teaching, in my estimation, is a vastly over-rated function" (1969, p. 103). What he means is, the art of teaching is probably more important than the science of teaching. The personality and interpersonal skills of the knowledgeable trainer will overcome his or her lack of knowledge about teaching methods. Understanding the learner is of highest priority. If you understand how individual trainees learn best, if you understand what their learning needs are, if you are able to translate your subject into terms meaningful to the trainees' work or living situations, you will be effective.

The reference list that follows is intended to be useful in expanding your knowledge of teaching adults. Once you have mastered the material in this chapter, you may want to gain some other points of view.

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UNIT I - D

SUPERVISORY SKILLS FOR USE WITH ADULT LEARNERS

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SECTION GOAL

The goal of this section is to outline a number of strategies for supervision of trainees who are service providers to older people. A variety of professional development issues that arise for service providers working with older people are also discussed. Three potentially useful models of supervision are presented and described as flexible approaches that trainers may adapt to the specific work settings and needs of aging network trainees.

Focus of Materials for Trainers:

- supervisory models
- unique characteristics of aging network trainees
- basic supervisory techniques
- ethical issues in supervision

INTRODUCTION AND OVERVIEW

This section presents three models of supervision and discusses the implications of one for the supervision of service providers in the aging network. Supervision is important as an aid to the continued development of helping skills, as discussed in Unit XI of this trainer's manual and Unit XI of the accompanying text. Comprehensive and ongoing supervision can assure that service providers use their skills to the fullest extent and develop those areas of their activities that are weak. Good supervision is not checking up or evaluating only, but an aid to maximum development. Good supervision can help to keep the service provider on track.

A supervisor (trainer) is anyone who has line responsibility for a particular individual or who is an expert consultant in a particular skill area. This distinction is important. A supervisor who possesses line authority (i.e., a managerial supervisor) may not possess the expertise of an expert consultant (i.e., a clinical supervisor). In turn, the clinical supervisor may not possess the line authority of the managerial supervisor. At times, however, both functions may be combined in the same individual.

A supervisor should possess competencies in the area of supervision and should know the population with whom the service providers work. In addition, the supervisor should know both individual and group supervisory skills, understand organizational structure and dynamics, and know how to create institutional change.

SECTION A – THE IMPORTANCE OF SUPERVISION

Follow-up and supervision are important aspects of communication skills training for service providers in the aging network. There are a number of reasons for this, some generic to all helping professions and activities and some specific to the supervision of aging network personnel. Several of these reasons are discussed below.

a. Supervision enables service providers to develop their individual competencies. Too often, we assume that individuals have learned all they need to know after their period of formal training. Field supervisors are often reluctant to accept responsibility for the further learning of those they supervise. An explicitly defined supervisory contract with regular sessions will assist both supervisor and supervisee in fulfilling the expectations each has of the other.

b. Supervision of network personnel assists in providing accountability data. Funding agencies want to know, and should know, how and for what activities their money is being spent. Supervision helps service providers direct their efforts to meeting agency-related goals. At the same time, it helps the supervisor provide direction to service providers and obtain data on the direction of their efforts in relation to the needs of the agency and the older individuals it serves.

c. Supervision assists service providers in keeping on task in their activities. Too often, it is easy for those who are involved in the daily work of an organization to let their efforts and activities gradually drift away from those in which they should be engaged. The corrective feedback provided by regularly structured supervision can counteract this tendency.

d. The supervisory situation can provide training in how to handle new situations. The human services field, particularly the field of aging, is characterized by many and changing activities and rules. Supervision can provide the setting for informing service providers of these rules and activities and of the implications of these for their work. Supervision thus helps service providers place their activities within a larger context. In addition, supervision can provide actual training in how to handle new situations.

e. Supervision can provide a context within which to iron out the complex interpersonal problems that plague any large and complex organization. The opportunity to discuss these problems and to arrive at some tentative, mutually arrived-at solutions can be a valuable result of regular supervision.

f. Supervision can provide service providers with a support system of individuals facing similar problems and having similar concerns. One of the particular problems facing human services workers, particularly in the aging field, is burnout. Burnout occurs most frequently in the absence of support networks and in situations where the achievement of goals becomes difficult if not impossible to measure. Individuals placed in these situations often feel that they are expected to achieve the impossible and that no one cares about them or their efforts. Regular supervision can assist in reducing the effects of burnout. This topic is discussed in detail in Unit XI.

SECTION B — THE NATURE OF SUPERVISION

Much has been written in recent years about supervision of those who work in the helping fields. It is possible to organize these many ideas under three supervisory models: supervision as relationship and experience, supervision as instruction and evaluation, and supervision as support and problem solving.

Supervision as relationship and experience stresses the personal relationship between the supervisor and the trainee as the major source of new learning for the latter. In addition, the personal experience of the trainee is thought to provide a rich source of data for the development of new skills and understanding. The first task of the supervisor according to this model is to develop a warm and personal relationship with the trainee in order to reduce the threat level and to encourage maximum exploration of new ideas and activities. Only in this way will the trainee feel free to do the behavioral exploration that is required for maximum growth and change to occur.

After constructing a warm and nonthreatening atmosphere, the supervisor would then encourage the trainee to try out new activities and behaviors and to examine the results. The supervisor creates an interpersonal situation in which the trainee feels free to make mistakes and to discuss these mistakes with the supervisor.

It should be noted that in this model the trainee has the responsibility to arrive at new ideas and behaviors. It is the job of the supervisor in turn to help the trainee refine these ideas, to encourage the exploration of new ideas, and to discuss with the trainee the results of the new activities and behaviors. The supervisor does not direct or instruct but rather facilitates the trainee's self-direction and self-instruction.

Supervision as instruction and evaluation is in many ways a complement of the first model. First, the previous model stresses the role of the trainee in developing new ideas and behaviors and the role of the supervisor as that of a facilitator; this model assumes that the supervisor possesses a defined repertoire of skills and knowledge, and that the supervisor's task is to teach these competencies to the trainee. The trainee's task is to learn and perform these skills to the satisfaction of the supervisor. The personal relationship between the two is viewed as a means to an end, not as an end in itself.

Second, the instruction and evaluation model, unlike the relationship model, also assumes that the skills that the trainee should learn are useful in most if not all situations. Thus, it is not necessary to learn different skills for different situations.

Third, the second model stresses the role of evaluation. It is assumed that the supervisor knows better than the trainee what should be done and how and when it should be done. (Or else, why would a knowledgeable supervisor be needed at all?) An important function of the supervisor therefore is to evaluate carefully how well the trainee has performed and what additional skills he or she should learn in the future. Only in this manner can the skills and deficits of each individual be assessed and a training program be designed.

Thus, the instructional model of supervision assumes a definite agreed-upon body of knowledge, which the supervisor imparts to the trainee and on the learning of which the trainee is evaluated. The relationship is definitely one of a superior instructing a subordinate, although ideally the relationship is kind and helpful. The relationship model, on the other hand, is characterized by a focus on helping the trainee discover what he or she wishes to learn, the assumption being that different individuals will require different skills and knowledges at different times. It is also assumed that individuals may hold valid yet different ideas about the nature of the supervisory process. The instructional model tends to be content oriented, while the relationship model tends to be process oriented.

There is a third basic model of supervision that, while not as well-known nor as fully developed as the first two, nevertheless makes a particular contribution to field supervision of service providers in aging. Although radically different in many ways, the other two models are organized around a view of the trainee as a beginning learner and the supervisory process as a superior-subordinate relationship. The task, however it is carried out, becomes one of instructing (or facilitating the learning of) a novice. Furthermore, supervision normally is carried out within the confines of the supervisor's domain (i.e., the trainee comes to the supervisor). A good analogy is a teacher-student relationship carried out in a school.

The third model, supervision as support and problem solving, is much more oriented to a field-based supervisory setting in which the trainee is not a student but rather an independent worker with an independent position. This model stresses the relationship between supervisor and trainee as one of collaboration between independent workers in the solution of problems and the devising of new strategies. Although the supervisor has information that the trainee does not, and is therefore in a position to offer assistance, the trainee normally has an independent job in which some of the information and strategies that the supervisor possesses might be useful. The supervisor tends to act as a consultant.

Two supervisory functions are especially important in this model. First, the supervisor acts as an important part of the trainee's support system. For example, service providers for older adults often lack a support system to assist them in carrying out their functions. They are generally on the front line of service, often with few co-workers around with whom to compare notes. It is easy in this type of situation to feel unappreciated, pressured, isolated, and confused and eventually to lose sight of the larger context in which a job has meaning. Unfortunately, a service provider faced with this type of situation may retreat into apathy, hostility, or chronic absenteeism. Supportive supervision, where the supervisor is seen as one who cares and who can help service providers place their concerns in a larger context, can be extremely useful to both the individual and the organization.

Second, the supervisor provides an important problem solving function for the service provider. It is often difficult to devise new strategies or new ways of looking at a familiar problem when one is close to the situation. A fresh perspective and time spent considering alternatives can be quite helpful in assisting service providers in attempting alternative strategies. Questions such as, What would happen if you...? or Have you thought of talking to... about...? can be useful. Problem-solving and decision-making models (see references) are available for use in assisting individuals in arriving at a good decision or avoiding common errors in problem solving.

SECTION C — BASIC SUPERVISION

Several basic supervisory techniques exist that can be used in the aging network. These include case discussion, video-audio taping, role playing, and in vivo supervision.

Perhaps the most frequently used method of supervision is case discussion. It can be used in an individual or group format. Here the supervisor discusses a particular case or problem with the trainee and offers suggestions and comments designed to assist the trainee in arriving at a solution or treatment plan. Its strengths include ease of implementation and minimum time involvement. It does not provide for detailed assessment of the trainee's functioning, however, and thus important data is missing. It reflects what the trainee says that he or she is doing rather than what he or she actually is doing. With all its defects, however, the case discussion method remains the most widely used method of supervision.

The use of audio or video taping of actual interviews enables the supervisor to assess what actually takes place during the helping interview. Use of this method provides for a more detailed critique of actual trainee operations and a discussion of alternative behaviors. It also encourages a focus on the more molecular aspects of interviewing, however, and indeed upon the use of the individual interview itself as the primary vehicle of helping. Other aspects of supervision, such as case management planning, tend to be ignored.

Role playing as a supervisory strategy has been used especially as a way of generating new behaviors on the part of the trainee. The supervisor may play the part of an older person. This method is helpful in encouraging new behaviors rather than rehashing old behaviors. In addition, if the supervisor plays the part of an older person, he or she may be able to use personal reactions as a way of judging how an older person may respond to the trainee's efforts. The focus is still implicitly on the individual interview, however, as the vehicle for helping.

In vivo supervision has been used to remove the basic defect in all of the above methods in that supervision occurs after the initial trainee behavior and therefore is retrospective only. In vivo supervision involves the presence of the supervisor during actual operations by the trainee. Although the discussion of the trainee's work is still retrospective, at least the supervisor has first hand data on which to base comments. The supervisor is also in a position to make occasional interventions. In addition, the focus can be on the entire range of trainee functioning, rather than on particular samples, such as the individual interview. The major drawback of this method is that it is time consuming. requiring the presence of the supervisor for an entire day or longer. It is a method that can yield rich rewards, however, if used properly.

SECTION D — SUPERVISION IN THE AGING NETWORK

We have discussed the nature and uses of supervision in general. Is supervision in the aging network sufficiently different to warrant different treatment? We think it is, for a number of reasons.

a. Personal issues with one's own aging often influence a supervisor's work with service providers and others who assist older adults. Directors of aging projects, and indeed many who work with older adults, are often middle-aged themselves and are beginning to be concerned with questions of their own aging and what the future might bring. Contact with many older adults can exacerbate these fears as they begin to see themselves growing older.

b. The supervisor must know the characteristics of the older population with whom the service providers work. For example, what the service providers can accomplish is quite different if the population is made up of predominantly 60-year-old persons than if it is made up of predominantly 80-year-old persons. Likewise, the project will be quite different if the population is comprised mostly of relatively healthy and active older people than if it is comprised mostly of those who are seriously mentally or physically impaired. Supervisors need to know the makeup of the population their trainees serve. All older adults are not the same. They differ along as many dimesnions as younger people. This is an area in which the supervisor can learn from the service provider.

c. The supervisor should know the developmental aspects of aging. Much of this material is contained in other units of this manual, especially Unit II, and will be referred to here only briefly. We would like to reiterate, however, some basic points that we think are specifically related to the supervision process.

   The older adult's functioning is dependent on the fine tuning and balance of all systems that affect his or her life. For our purposes, this includes health, finances, social life, emotional health, and ability to manage everyday activities. If there is a malfunction in one area, it has more of an impact on the total system of the individual than is true of younger people. Therefore, the supervisor and service provider must pay attention to the total individual.

d. It is important to know what the normal physiological changes are for individuals as they age. Ageist myths would have us believe that it is useless to treat older adults for illness, or that they should expect untreatable pain. Supervisors should be aware of the physiological changes that accompany age in order to judge when medical intervention might be necessary and effective.

e. Both service providers and supervisors need to know their community. It is important that the supervisor be thoroughly familiar with referral sources within the community that provide services to older adults. Part of supervision time should be devoted to a consideration of specialized services for specific older adults. The service providers should be taught to think in terms of potential sources of help for individuals with whom they come in contact. Service providers may think that their agency will be considered ineffective if it merely refers older persons for specialized services. No one agency, however, can provide everything for everyone.

f. It is important to recognize that loss and grief issues are ongoing for many older persons. Service providers need personal awareness of their own reactions to loss and an understanding of the grief process. The supervisor can assist the service provider in coping with grief so that he or she may model this behavior for older adults. In particular, the loss associated with death and dying is a reality that few of us have been trained to meet. Over the last few decades, as the reality of death has lost its immediacy, it has become the most frequently avoided topic in an individual's life, replacing sex. This is especially true for those who are middle-aged themselves; the reality is that much more immediate. Since many service providers for older adults are themselves middle-aged, the issue becomes important. Service providers who themselves avoid the topic of death and dying do a disservice to those with whom they work, since their avoidance makes it harder for the older individual to deal with death. The supervisor should be alert for the avoidance of this topic by their trainees and discuss it with them if it seems to be a problem. Outside workshops on this topic often can help and indeed might be part of an initial orientation to the job.

g. Within the aging network, the supervisor should provide for activities that help service providers grow and develop on their jobs. This could include arranging for their attendance at periodic conferences or training sessions that deal with issues involving their jobs and the individuals with whom they come in contact, or training sessions dealing with personal issues affecting their performance on the job.

In the preceding discussion we have attempted to outline basic models of supervision and to discuss in detail a supervisory model that seems particularly appropriate to the supervision of independent service providers in the aging network. In the following section, we will describe some specific supervisory activities that one might use in the supervision of service providers. Three necessary activities for any supervisory endeavor are discussed in this section: training in basic skills, providing structure, and individual and group supervision.

SECTION E — SUPERVISORY ACTIVITIES

Training in basic skills. A fundamental supervisory activity is basic skill training. Several detailed training programs have been developed for specific training in the basic skills of human relations. Some of these are listed in the references. While the necessity of basic skill training will vary depending on the skill level of the service providers, the supervisor should be alert to provide these activities to those who appear to have trouble relating to older adults. Many human relations skills are opposite to communication methods that people have learned throughout life. For example, most individuals, when faced with another person's stated problem, will offer advice. Human relations training, however, stresses the usefulness of listening and clarifying, rather than offering advice. Other examples abound. Many service providers will have to unlearn communication styles built up over a lifetime before they can learn new ones.

The necessity for structure. It is important to have a well-structured supervisory process in order to reduce ambiguity and resulting anxiety in the service providers. Regular meetings are important, as well as defined activities during these meetings and between supervisory sessions. Clear expectations should be provided, such as a specific job description. Concrete goals should be established, as well as steps identified as contributing toward these goals. Supervision should be tied as closely as possible to actual problems that service providers have encountered in their daily work, or are likely to encounter. A sound technique is to have each service provider responsible for bringing to supervision a certain number of cases to be discussed. In this manner, a greater degree of involvement is fostered on the part of the trainees. In addition, learning and involvement is enhanced if structure is provided because each trainee can see definite progress being made towards some predetermined goal.

Individual versus group supervision. There should be provisions for some combination of group and individual supervision. Individual supervision is helpful for dealing with issues that affect one trainee only, or with issues that are too private to be shared in a group. In addition, many individuals are comfortable talking about themselves only in a private setting. For these people, individual supervision can provide basic support while they are learning their job tasks and beginning to feel comfortable with their performance. Group supervision, however, has its own unique contribution to make. Not only can service providers learn from each other, but they have the opportunity to see that they all face similar issues and have similar fears. The supervisor is thus spared the necessity of repeating training over and over. Likewise, one group member currently may be having a problem that others soon may face, so that the latter can be prepared when faced with a similar situation. In addition, group members can provide initial support to each other, as discussed in Unit XI of the text. A total group can generate more problems and their solutions than any individual or supervisor ever could. The supervisor should possess group leadership skills to assure that some members do not dominate the group and others are not left out. A well-run group maximizes the contributions of all members.

SECTION F — PROVISION FOR CONTINUOUS SUPPORT ON LOCATION

One of the most important implications of the supportive, problem-solving model that we have attempted to describe as a good approach to supervision in the aging network is that supervision should be both continuous and on location. Supervision often has meant that individuals are supervised as novices only, until a minimal level of competency has been reached. They are then left to fend for themselves, more or less, with an occasional check by the supervisor. The result has been employees who have felt isolated, unsure of themselves, or inadequate in using their skills. Supervision has numerous advantages, discussed in the first section of this unit, that make a continuous application of the process both meaningful and necessary for service providers in training.

Moreover, it is important that supervisors visit the work sites of their trainees and supervise in those settings. There are several reasons why this is important. First, the supervisor can see what the service provider encounters on a daily basis. Verbal description is generally inadequate to illustrate the complexity of a work setting and its problems. Second, it provides a behavioral demonstration of the relatively egalitarian nature of the supportive, problem solving model of supervision. Most supervision is arranged so that the trainee comes to the supervisor, thus demonstrating who is in charge and whose time is more important. Independent workers, such as aging network service providers, cannot easily leave their jobs for supervision. Therefore, in the context of the aging network, service providers are given a clear indication that they are seen as independent workers with an important function to perform, rather than novices, if the supervisor comes to them. In addition, it is easier for the supervisor to assess problem situations where they occur rather than in an office setting. As before, these meetings should be set up on a regular basis.

SECTION G – ETHICAL ISSUES IN SUPERVISION

Confidentiality is an important ethical concern in any type of helping relationship. Although the supervisor will, and often should, know the identity of the older person, others should not. This issue becomes of special concern in group supervision. If group supervision is used, the group leader should discuss confidentiality with the group members and stress the necessity that material discussed in the group should not be repeated outside. In this regard, it is important that group supervision be held in a private setting where discussion cannot be overheard by others. Group supervision should never, for example, be held in the agency cafeteria.

The supervisor's primary loyalty, as well as that of the trainee, is to the older adult who is being served. Under most circumstances this presents no problem. Occasionally, however, an agency may request a particular action that the supervisor feels would be detrimental to the welfare of the older adult. In this case, the supervisor is bound ethically to present these views to the agency administration and to consult with appropriate professional colleagues about the matter. Further information on this topic may be obtained from the Ethical Standards (1981) of the American Personnel and Guidance Association (APGA).

A related problem arises if the supervisor clearly perceives that the service provider is not competent to render appropriate services to older adults. Although the supervisor is obligated to be concerned with the well-being of the service provider, he or she must not forget that the primary concern must be for the well-being of the individual served. A service provider who is not competent to render appropriate services should not be allowed to remain on the job. Situations of this kind may require consultation with agency administrators and professional colleagues.

SECTION H – INNOVATIVE SUPERVISION PRACTICE

In this section we will focus on a number of innovative or unusual supervisory strategies. You are encouraged to generate others to meet your particular situation. You are limited only by your own creativity.

Ongoing support groups. It is important that service providers for older adults be given a setting in which to discuss job-related problems with others in the same or a similar situation. A group of peers and a supervisor who meet on a regular basis (e.g., once a week) can provide this kind of ongoing support. As mentioned earlier, the focus of the group is on problem solving strategies, rather than on group process or personal material.

Breakfast meetings. One of the problems adult workers face is setting aside time during the day for supervision, even if the supervisor comes to the work site. Breakfast meetings, since they take place before the day's work has begun, can often be more relaxed and less stressful.

On-the-job exposure for supervisors. Supervisors often can learn more about a service provider's daily work by accompanying him or her on some job rounds than by discussing these duties in an office. It is important that this be done in an atmosphere of low threat. It should be presented as an opportunity for the supervisor to learn first hand, rather than as checking up on the trainee.

Job switching. Insofar as it is feasible, it is often helpful to switch some job duties among certain service providers. In addition, the supervisor often can learn much about the problems and pressures faced by service providers by performing their duties for a half-day or day. For example, the supervisor could drive the van. This especially can be helpful when combined with group supervision, as each group member is provided with the opportunity to experience the job duties of other group members. In this manner, greater group cohesion can be fostered.

Educational programs. Service providers need to know about community support systems for services to older adults. This information can be provided within the context of regular meetings to which personnel in community service agencies are invited for discussion and questioning.

SUMMARY

This unit presented three supervisory models, one of which appears to be particularly appropriate to the supervision of adult service providers in the aging network, and discussed basic supervisory practices. An attempt has been made to place supervision within the context of developmental aspects of aging and to delineate specific supervisory activities that could be helpful for service providers in the aging network. Some ethical concerns in supervision were discussed. Finally, the unit described some innovative supervisory activities in hopes that these might generate additional ideas among supervisors.

The model described in this article advocates a role for the supervisor as a consultant and trainer as well as a supervisor. Only by playing a multiplicity of roles and by attempting innovative strategies can a supervisor of service providers in the aging network hope to be maximally effective.

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UNIT II

GROWING OLDER: A FEW IMPORTANT POINTS TO CONSIDER

Harvey L. Sterns

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UNIT GOAL

The goal of this unit is to provide the trainer with basic information about aging from a life-span, developmental perspective. This expanded knowledge base is meant to supplement the information in the Basic Helping Skills text and can be used by the trainer to augment appropriate content areas in training sessions.

Focus of Materials for Trainers:

- additional knowledge of subject matter

INTRODUCTION FOR THE TRAINER

Trainers should know that gerontology is the science of aging and that geriatrics is the application of medical science in the health care of older people. Primary causes and courses of aging are gene coded, multifaceted, and sealed at the time of conception. They are both species and individually specific, the major determinants of average or maximal life spans.

Secondary causes of aging are environmental, both internal and external, and operate from conception throughout life. Secondary factors include things such as nutrition, trauma, acute and chronic diseases, drug intoxications, intelligence, lifestyle, habits, socioeconomic and ecological factors, and luck.

This unit makes some important points regarding concepts and approaches to basic gerontology. Current approaches from a life-span psychological perspective focus on the developmental process from birth to death.

> While a life-span orientation to the study of behavioral development does not deny the important role of biological factors as explanatory determinants, it does not take the descriptive conception of biological growth and aging as the primary framework. In the life-span orientation, no special state of maturity is assumed as a general principle, and therefore development is seen as a life-long process. The task is to identify the form and course of these behavioral changes as they occur at varying points in the life course and to establish the pattern of their temporal order and interrelationships. (Bates, Reese, & Lipsitt, 1980, p. 70)

Current developmental approaches recognize that differences between young and old may reflect generational differences in social and cultural experiences as well as changes due to the passage of time. The current group of older adults have had unique experiences such as a lower level of formal education, living through two world wars, and a depression. As Neugarten (1975) has pointed out, older adults of the future will be different from today. A major issue centers on normative development, which most people experience, as well as nonnormative experiences, which are unique to individuals.

An understanding of normal aging is essential in order for people having difficulty to be seen in the proper light by service providers. It is necessary if provision of care appropriate to the needs of the individual is to result. Knowing what is true for most older people, however, does not help when your specific loved one is having difficulty. Hence, the conceptual framework for viewing older persons presented in this unit is intended to develop in the trainee an awareness of both normative and individual development processes. It is hoped trainees will be able to recognize the basic differences that occur and to approach their work with older persons from a positive developmental perspective.

SECTION A — WHO ARE THE AGING?

This section presents some basic information concerning the community and lifestyle of older adults. At the beginning of 1980, the estimated 25 million older Americans made up over 11% of the population — every ninth American. In the past, the numbers of persons in all age groups increased even while the proportion of older persons in the population grew somewhat faster than did the younger age groups. Recent trends have been different. Fertility rates since the end of the postwar baby boom have actually been below that necessary for zero population growth so that a continuation over a lengthy period of time will bring us an aging society with an increasing median age. This has enormous implications for retirement and income policies, social and recreation facilities, location and type of housing, health care facilities and personnel, and so forth.

In mid-1979, almost half of the persons 65 and above lived in seven states. California and New York had more than 2 million older people, while Florida, Pennsylvania, Texas, Illinois, and Ohio each had more than 1 million.

As of mid-1979, most older Americans were under 75 (61.9%), over half were under 73, and more than a third were under 70. Over 2.3 million Americans are 85 years of age or over. As a result of significantly longer life expectancy for females, the preponderance of women over men increases with age. There are approximately 12,000 centenarians receiving cash social security benefits after producing some proof indicating they were 100 plus (Brotman, 1980). One of the main reasons for increased length of life is that more and more people are surviving childhood and thus having the opportunity to become adults and older adults. There always have been older people. What is dramatic is the number of people who are living into old age.

SECTION B — AGING AS A DEVELOPMENTAL PROCESS

The study of human development examines behavioral changes within persons across the life span. When we study the same people over a period of time, we want to describe and understand developmental changes both within the person (intra-individual) and between people (interindividual). A life-span approach to development seeks to explain how developmental changes and differences come about. A major goal is to find ways to modify these changes and differences (Baltes, Reese, & Lipsitt, 1980).

Current approaches view the individual as a changing organism in a changing environment. Thus, both biological and environmental change can affect the nature of individual change (Riegel, 1976).

It is a commonly held but erroneous idea that most people change in the same ways over the life span. On the contrary, a lifetime of experiences serves to increase the individual differences of older people and results in diverse lifestyles. If you think of your own high school graduating class and of the diversity that existed within it, and then add 30 or 40 years of living experience, you have people showing even greater differences, not similarities, as they age.

It is important in discussing development and aging to identify and distinguish those characteristics that represent normative aging, those that are secondary to the older adult's state of health, and those that are attributable to the social and environmental circumstances of the older adult, or nonnormative.

SECTION C — BIOLOGICAL, PSYCHOLOGICAL, AND SOCIAL AGING

With today's older generations, we are seeing that many adults in the age range of 60 to 75 (young-olds) maintain levels of functioning similar to their middle adult period. It is in the 75 and over group (old-olds) that we see many of the physical and psychological changes that are usually associated with the aging process (Neugarten, 1975). We must be careful not to apply stereotypes regarding aging to this old-old group. The majority of persons in this age range continue to function very well; however, there is increased vulnerability to health risks.

For human populations it has been found to be useful to distinguish three types of aging: biological, psychological, and social. All three types are associated with chronological age but are not identifiable with chronological age. The biological age of individuals can be defined as their position with respect to their potential life span. A person's biological age is indicated by the likely number of years he or she will survive. A person, then, is either younger or older than his or her chronological age, depending on how many years the biological system will allow the body to survive.

Psychological age is indicated by the individual's capacity for behavior adaptive to the demands of the environment. Subjective reactions to life events, as well as the integrity of the biological system, influence one's psychological age. One is self-aware and feels young or old in response to life events, which in turn influence the extent to which adaptive capacities such as learning, memory, and problem solving are used. Changes in personality and intelligence would be included as well.

Social age refers to social habits and roles of an individual with respect to a culture or society. There are, in our society, sharply defined and implicit expectations of behavior according to our age as expressed in how we dress, speak, and behave in relation to others. Biological, psychological, and social age are to some extent interrelated, but there is no simple and direct relationship in human organisms. Also, these relationships change with different generations (Birren & Renner, 1977).

Age probably represents nothing more than the passage of time and cannot be seen as a cause of developmental change. Developmental change takes place over time but results from antecedents such as heredity and experience. The understanding of the relativeness of the age concept has been perhaps one of the best contributions of recent research on developmental methodology.

Thus, relatively few changes attributed to older adults are the inevitable result of chronological aging. If we find a negative developmental change to be the result of poor health or of a social condition, then we should attempt to change it by remedial procedures directed toward the individual or the environment (Fozard & Popkin, 1978; Sterns & Sanders, 1980).

Service providers can and do participate in these efforts to effect change in the lives of older individuals. Trainers can assist them, as needed, by presenting factual information relevant to a given area of need. Some key information about developmental change that trainers may need to know is discussed below. This information includes the differences between results of cross-sectional and longitudinal studies, cognitive development and aging, intelligence, learning, memory, and sensation, perception, and information processing.

Part 1 - Cross-Sectional and Longitudinal Studies Give Different Results

Models have been designed to explain the differences found between cross-sectional and longitudinal study results (Baltes, 1968; Schaie, 1965). The focus of these approaches is that cross-sectional studies sample age groups from different generations (cohorts). Members of different generations may differ as to experiential background such as education, health, and nutrition. Thus, differences between cross-sectional groups can be due to age or to differences related to specific generation membership. A good example here would be the great changes in education that have taken place in the last 70 years. Cross-sectional group differences could be due to age differences, differences in education, or both. Longitudinal studies use the same generation and test the same subjects on a number of occasions. Thus, changes between time of testing must be due to aging or to some experience that occurs between repeated testings. These differences are shown more graphically in Figure 1. An explanation of the figure follows.

Definitions of some key terms will make the differences in Figure 1 more readily apparent.

- Age — The number of time units elapsed between the entrance into the environment (birth) of the organism and the point in time at which the response is recorded.
- Cohort — The term implies the total population of organisms born at the same point or interval in time.

Figure 1

General Developmental Model[a]
(cross sectional, longitudinal, and time lag methods)

			Age Change		
Time of Measurement			1977	1997	2017
Time of Birth	Age Difference	1957	Sample 3 age 20 $A_1C_3T_1$	Sample 5 age 40 $A_2C_3T_2$	Sample 6 age 60 $A_3C_3T_3$
		1937	Sample 2 age 40 $A_2C_2T_1$	Sample 4 age 60 $A_3C_2T_2$	
		1917	Sample 1 age 60 $A_3C_1T_1$		

A–age level at time of testing
C–cohort level being examined
T–number of testing in series

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[a] After Schaie, 1965

- Time of measurement — State of the environment within which a given set of data was obtained. The point in time when measurement is made.

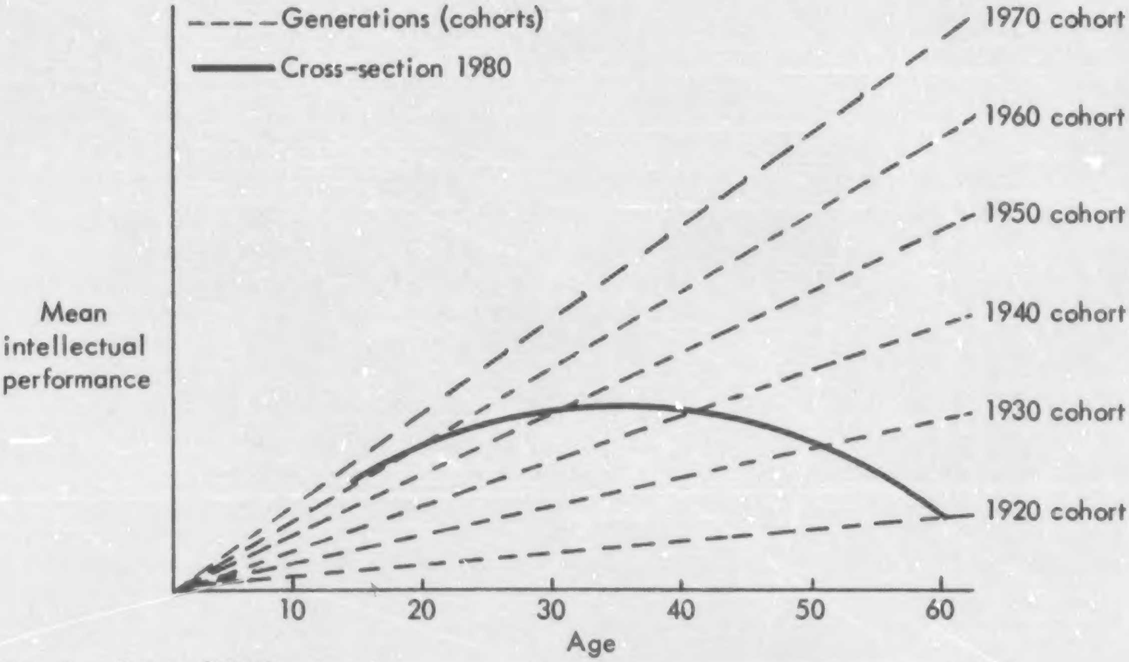
- Cross-sectional method — Subjects of different age are observed on the same dependent variable at the same time of measurement. The comparison of the performances of Samples 1, 2, and 3 on a particular attribute is concerned with age differences. Differences in scores obtained by the cross-sectional method may be due to the differences in age for samples measured at the same point in time, or may be due to differences in previous life experience of the three different cohorts.

- Longitudinal method — The same participants are observed several times on the same dependent variable at different age levels and therefore, by definition, at different times of measurement. The comparison of the performances of Samples 3, 5, and 6 for the three samples may represent age changes or may represent environmental treatment effects that are quite independent of the age of the organism under investigation.

- Time-lag method — Participants of the same age are observed on the same dependent variable at different times of measurement. The com-

Figure 2

Illustration of age-cohort confounds in cross-sectional research and of cohort differences in intellectual functioning.



Based on Baltes (1968).

> parison of the performances of Samples 1, 4, and 6 will be independent of age and differences among cohorts, differences in environmental treatment, or both.

A dramatic example of how observed generational change could lead an investigator to inappropriate conclusions is offered by Baltes (1968). As an example, this investigator began by observing the lack of good evidence that more recent cohorts may be more improved on intellectual performance due to improved health, education, exposure to media, and so forth. Thus, we can only assume that each generation will show improvement over the previous generation. If there are no declines in function, we will have the situation represented in Figure 2. The dashed lines represent the complete longitudinal function for each cohort. If a cross-sectional study is carried out in 1960, we have the developmental function represented by the solid line. Note that even though there is no decline in any of the cohorts, the resulting cross-sectional developmental function indicates that there is a decline. Thus, generational change alone can lead to an assumed decrement when in fact none really exists. If we are interested in the difference between different age groups at one point in time, then the cross-sectional study is the only appropriate research design. A cross-sectional study, however, will not necessarily give you an accurate estimate of how a 20-year-old will perform when he or she is 60.

Part 2 - Cognitive Development and Aging

For those working with older persons, false stereotypes regarding intelligence and learning abilities of adults and older adults must be corrected. At the same time, it is important to understand the real changes that take place in cognitive functioning with aging and to gain an appreciation of the individual differences exhibited by older adults in performance on intelligence, learning, memory, sensation, perception, and information processing tasks.

Intelligence

Recent research has shown that the assumed pattern that mental abilities rise to a maximum in young adulthood and then decline needs to be qualified. Intelligence implies both a potential and actual ability. In practice, however, we deal with measured abilities. The use of traditional global measures of intelligence such as Intelligence Quotient (IQ) has been found to be ill suited for developmental analysis. A multidimensional approach to intelligence has been found to be useful since different dimensions (factors) of intelligence differ in their developmental functions over the life span (Baltes & Schaie, 1976; Botwinick, 1977, 1978; Horn & Donaldson, 1976).

A very good example is found in the different ontogenetic (developmental) trends in fluid and crystallized abilities (Cattell, 1963; Horn, 1970). Fluid intelligence includes logical reasoning, associative memory, and figural relationships. It is measured by culture-fair perceptual and performance tests and by specifically developed tests of judgment and reasoning that have been considered relatively culture free. One major characteristic of fluid intelligence is that it leads to perception of complex relations in new environments. Crystallized intelligence is thought to result from all that a person has learned in a given culture. It includes verbal meaning (vocabulary), numerical ability, mechanical knowledge, well-stocked memory, and habits of logical reasoning. Crystallized intelligence is high on the subtests that are built into traditional IQ tests such as vocabulary size, analogies, and classification involving cultural knowledge of objects and problems.

Research studies indicate that fluid intelligence exhibits a pattern that closely matches the growth and decline of biological processes, that is, a steady decline from early adulthood onward. Crystallized intelligence, which depends principally on learning and acculturation, is assumed to show an increase all through adulthood and only slight, if any, decline in old age. Thus, if we talk about decline in intelligence with age, we must specify what aspects of intelligence we mean to consider.

Results from cross-sectional studies of traditional IQ tests, such as the Wechsler Adult Intelligence Scale (WAIS), have tended to show declines in intelligence from early adulthood. Analyses of a large number of cross-sectional studies using the WAIS concluded that performance subtests exhibit a greater decline than verbal subtests. When educational level is equated for in all age studies, verbal skills improve between 25 and 64 years of age; but tasks requiring special skills, such as block arrangement, matching geometric designs, or finding a missing detail in a picture, are not performed as successfully after age 40. Intellectual functions that rely on the application of well-learned material still remain intact well into the 60s and 70s while those related to speed and strength begin to decline during the 30s. The important point here is to note that intelligence, at least that related to very culture-specific knowledge, shows very little change over the life span.

Test performance of older adults may be modified by some important factors. A number of investigators have provided evidence indicating that decrements in intelligence are exhibited by those close to death. Such predeath change is called terminal drop and may be due to health factors. According to this evidence, the intelligence of most individuals, at least until age 70, remains constant. Research indicates that, before this age, a great deal of the observed decline in average intelligence may be accounted for by a sharp drop in scores of those people who did not survive. In the over-70 category, even long-term survivors exhibited some decline, but the decrement among nonsurvivors was much greater. Therefore, decline in the average intelligence of aging individuals results from increasing numbers of individuals experiencing terminal drop rather than from all of the aged experiencing steady decline (Riegel & Riegel, 1972).

Conclusions about general age decrements and different age functions have also been seriously challenged by the great differences found between cross-sectional and longitudinal studies. Cross-sectional studies of intelligence produce age functions indicating earlier performance decrements. Longitudinal studies suggest maintenance and stability into late adulthood. Longitudinal studies of intelligence have found either no decline or much smaller decline than found with cross-sectional testing. What appear to be declines in intelligence may reflect changes in skills and environmental input emphasized by the culture over time.

Related to the above considerations is the fact that our cultural milieu has different expectancies and demands for adults and older adults. Baltes and Labouvie (1973) have pointed out that in our culture there is little reinforcement for good cognitive behavior for older adults. Changes in intellectual and learning abilities may well reflect disuse or lack of reinforcement. Intervention strategies have been quite successful in increasing scores on intelligence tests.

The question can be raised regarding what all this research means and how it can be applied to real life situations. Clearly, the research studies call into question the popular notion of decline in intelligence with age. Summarizing this research, it is suggested that such age-related decline in measured intelligence probably has little to do with performance in everyday tasks. Unless there is a noticeable decline in intelligence, factors such as persistence, responsibility, and group pressure may compensate for changes in intellectual functioning.

Similar kinds of analyses can be applied to other uses of psychological change in terms of differences resulting from generational change or other environmental factors.

Learning

Learning refers to the acquisition of information or skills. Improvement of performance on a given cognitive or physical task indicates learning. Learning is inferred from performance on a task. The researcher infers that learning ability is poor when there is little change in performance. There is ambiguity as to whether learning ability declines in later life, but there is little doubt that learning performance is poorer in older adulthood than during young adulthood. In most laboratory studies of learning, older adults perform less well than do younger adults (Botwinick, 1978).

A number of factors affect performance, including motivation, speed, physiological states, sets (the way a task is approached), cautiousness, and the use of test instruments or tasks that are unfamiliar or meaningless. It is extremely difficult to separate the components of performance from learning. A major trend in learning has been to investigate the nonlearning factors that vary systematically with age. Inferior performance in laboratory learning situations has been ascribed to the inability of older adults to respond in short intervals of time. Also, there are age-related changes in the spontaneous use of mediational techniques that assist learning.

A very important factor relates to task meaningfulness. Many studies involve highly abstract tasks, which may not be meaningful to older people. As a result, older adults may not exert themselves on what they feel is a meaningless task. When learning tasks are presented in ways that appear meaningful with materials that are familiar, performance has been found to improve. The use of familiar materials in a learning situation, however, may also produce interference due to past learning and thus inhibit the older adult's performance.

Many researchers believe that older people are less motivated than younger people, especially in laboratory situations. This lower level of motivation has been used to explain the poorer learning performance of older adults. It now appears that older people may be more involved in the experimental situation to the detriment of their performance. Studies that have measured blood chemistry before, during, and after experiments indicate that free fatty acid levels (this measure reflects level of activity of the autonomic nervous system and of the adrenal medulla) were higher for older adults (60 +) than younger subjects (20 to 48). Thus, it appears that older adults may be aroused more highly during the experiment and continue to show such activation beyond the period of testing. Such over-arousal may actually interfere with learning performance. When the arousal state has been lowered by drugs or by providing experience in the laboratory situation, performance has been seen to improve (Eisdorfer, Mowlin, & Wilkie, 1970; Powell, Eisdorfer, & Bogdonoff, 1964).

It may be concluded that a good deal of decline found in learning in the laboratory situation may be due in large part to performance factors. Intervention strategies have been found to be extremely effective (Sterns & Sanders, 1980). Thus, although there are declines in learning to some degree, there is much that can be done to provide optimal learning situations. Performance factors may influence learning in the laboratory, but there is some question regarding how much effect this would have in everyday and classroom situations. There is little evidence to suggest that there is a great deal of change in learning capacity over the major part of the life span. Although older adults learn in a slightly slower fashion, they can learn effectively and may show little change in terms of ability to carry out cognitively demanding tasks in older adulthood. Recent research has shown that older adults when given encouragement can carry out difficult learning and problem solving tasks. Many older adults show virtually no change in functioning well into the 70s and 80s. Here again, it is very difficult to make general statements about older adult functioning because the range of individual differences is so great.

It would thus appear that there is little reason to suppose that adults and older adults could not benefit from extended periods of education throughout the life span, as discussed earlier in Unit I-B. Many factors must be considered regarding motivation and attitude, which perhaps play a decisive role in whether adults continue in educational endeavors. Our society, because of stereotypes regarding aging, creates self-fulfilling prophesies: People who believe that learning ability declines do not attempt learning. As trainers it is particularly important that we be aware of the principles of adult learning presented in Unit I, Sections B and C, so that we may help others overcome these stereotypical views.

The movement away from education at specific points in the early part of the life span to education throughout the life span is supported by the growing number of adults and older adults enrolled in full-time, part-time, and continuing education programs. Education must be seen as a life-long endeavor. It can facilitate the continuing development of the individual to meet the challenge of our rapidly changing social and technical milieu. Education must also be viewed as a very positive form of recreation as leisure time increases for the individual (Sterns & Mitchell, 1979).

Memory

The processes of learning and memory must rely on the same underlying mechanisms, but it is useful to distinguish them. Learning refers to the acquisition of information, as discussed previously. Memory refers to the retention of specific information presented at a specific time.

Most recent research studies have found little or no decline with age in short-term memory storage capacity (i.e., using the digit span test). There appear to be age differences in free recall but much less of a difference in recognition memory. Older adults do better in recognition tasks owing to the presence of more memory cues — the words to be remembered are present, and the correct one only needs to be selected (Botwinick, 1978).

Exercise of memory is important to retaining it with age. "Use it or lose it" applies here. The real point to be made, however, is that the older person must take the trouble to learn the material in order to remember it. Strategies such as rehearsal, organization of material, and imagery are used in efficient memorizing to aid memory.

Another important area involves metamemory — what a person knows about his or her memory and memory strategies. Recent research suggests that some of the deficits of older-adult memory performance may be due to strategy and metamemory components, not basic ability. It appears that when it is time to remember, it is important to reinstate the original contexts. Memory cues provide more context. Thus, it is important that the individual pay initial attention in the learning situation, organize the material in a meaningful way, and actively work on the material. It appears that one of the reasons younger people do better on laboratory tests of memory is that, when the material is initially presented, the younger person works more on the material to make it meaningful and thus more cues are available to facilitate memory (Arenberg & Robertson-Tchabo, 1977.

In dealing with everyday information, it is clear that the majority of older adults do not have serious memory defects. For those older adults who do suffer memory impairments, effort should be made to provide training approaches that may help to minimize such impairments. Major underlying biological changes related to health factors may have a detrimental effect on the memory of some. Intervention techniques should always be tried, however, since psychological changes do not always follow the same pattern as biological changes. This is true, obviously, within limits.

Sensation, Perception, and Information Processing

A brief attempt will be made to review some representative examples of age-related changes in vision, audition, taste, and smell. Although there are many important changes with increasing age, most can be counteracted through the use of auditory and visual aids.

Vision. With normal aging, there are certain structural modifications within the eye that affect the normal visual functioning of the individual. For example, the lens becomes thicker and less permeable to light. Cell membranes and nuclei of the old fibers become compressed and lose water, and the accumulation of inert tissue at the center of the crystalline lens makes the central region less transparent. With increasing age, there is also a yellowing of the lens.

These changes interfere with the two primary optical functions of the lens: transmitting and refracting light, which, in turn are responsible for an increase in the absolute threshold required for vision. Older people require a greater absolute increase in intensity of light than do younger people to achieve an equal improvement in the level of visibility of a target under different levels of illumination. Accommodation by definition is the process whereby the eye adjusts itself to attain maximal sharpness of the image of the object being viewed. In other words, accommodation involves an adjustment of the ciliary muscle, which effects a change in the refractive power of the lens by altering its focal length, which enables the eye to focus near or far, and to discriminate detail.

With increasing age, there is a decrease in the ability of the eye to focus on objects at various distances by changing the focal length of the lens. This progressive decline in the eye's ability to focus on new objects is termed presbyopia and results mainly from a loss of elasticity of the lens. Also, the posterior muscle fibers in the ciliary muscle are gradually replaced by connective tissue that interferes with the accommodation process. Accommodation can also be affected by the general health of the individual, previous use of the ciliary muscles, vascular and glandular defects, and the refractory state of the eye.

Though there is a paucity of research on changes in visual acuity with age, the literature that does exist suggests a developmental trend for visual acuity. This trend in cross-sectional studies is as follows: relatively poor in young children, improves in young adulthood followed by a slight decline from the mid-20s to the 50s, and beyond this the rate of decline is accelerated. The decrement in visual acuity and in other visual functions is attributable more often to modifications in the crystalline lens and the vitreous humor than to degeneration of the retina.

Anomalies such as vitreous opacities, cataracts, and other disturbances interfere with the normal transmission of light by scattering it. This scattering of the light blurs the retinal image, causing a reduction in visual resolution of detail in the older adult.

Color vision refers to the faculty by which colors are perceived and distinguished. It would appear that with an increase in age, there is an increased difficulty in discriminating among blues, blue-greens, and the violets, with much better success in discriminating among the reds, oranges, and yellows.

Adaptation can be defined as the change in sensitivity of the eye as a function of change in illumination. Results of a number of research studies indicate that there is a regular decline in adaptation ability with increasing age. Although it is clear that the dark adaptation threshold decreases as a lawful function of age, the evidence on the relationship between age and rate of dark adaptation remains equivocal.

The practical significance of the findings of studies requiring partial adaptation is in the area of the operation of motor vehicles at night under conditions of unpredictable changes in luminance. The range of luminance involved in such driving tasks requires crossing over from rod to cone vision and vice versa. Therefore, rate of adaptation becomes important because it is in this region that the terminal level of adaptation of the cone cells almost defines the moment when three-dimensional vision, acuity, and color vision cease and the moment before the rod cells have generated any useful degree of sensitivity (Fozard, Wolfe, Bell, McFarland & Podolsky, 1977).

Audition. As in our discussion of age changes in vision, there is also a loss of auditory acuity (the ability to hear certain frequencies or ranges) with the normal aging process. A number of studies have estimated that 70% of people over 50 have some type of hearing loss (Corso, 1977).

Presbycusis is a term applied to the hearing loss that occurs with aging that is unconfounded by extraneous factors such as disease or exposure to noise. There appears to be an increasing hearing loss with age, particularly for higher frequencies in older adults, but such loss depends on several factors. These factors include the population of persons studied, their histories of exposure to noise, and the population's homogeneity with respect to hereditary and environmental factors.

The available data on differences between young and old adults regarding ability to discriminate pitch or to distinguish between differences in frequency are quite limited, and results are not clear. Many studies suggest that the abrupt hearing loss of high frequency tones (i.e., sensory presbycusis) is the result of epithelial atrophy in the basal end of the organ of corti (Corso, 1977). Since older adults in general do not hear tones of varying pitch as well as young people do, it would not be surprising to find they do not discriminate tone as well, either.

Not only is the auditory threshold elevated with advancing age, but speech intelligibility is also seriously affected. Such loss can be attributed to neural presbycusis, which results from a loss in the neuron population of the auditory pathways.

Since presbycusis involves high-tone hearing loss, discrimination is poorest for those consonants that have higher frequency components in their acoustic patterns. Therefore, the older person is unable to discriminate between phonetically similar words, and he or she may have problems in following normal conversation, especially in noisy environments.

Compared to younger subjects, older adults have more trouble in hearing speech under conditions of distortion. In fact, older adults with relatively normal hearing, measured audiometrically, have been found to have decreased abilities in integrating and understanding distorted messages (Corso, 1977).

Taste and Smell. Taste and smell are often presented together because they are interdependent in terms of the qualitative aspects of food preference and enjoyment. These senses are difficult to study; however, it is extremely important to understand age-related changes in these senses since the pleasure of eating and resulting nutrition intake are affected.

Research evidence indicates that there is some decline in odor detection with age. There is also a decline in taste sensitivity in older adulthood. Sensitivity to sweet, sour, salty, and bitter tastes appears to be fairly constant and unchanged until the late 50s. Then a decline in taste sensitivity begins. It must be pointed out that there are great individual differences in preferences as well as age-related changes in taste. Thus, it may become necessary to increase the use of seasoning and focus on visual appeal to increase satisfaction based on smell and taste (Engen, 1977)

In this section we have briefly reviewed the age-related changes in sensory and perceptual information-processing abilities of the individual. It is important to remember that most of these studies are cross-sectional and are subject to the same limitations raised in earlier discussions.

While nonneural changes such as opacity of the lens in the eyes, deficits in auditory acuity, and so forth limit the quality and quantity of information received from the environment, they have not been the primary mediators of performance decrements with aging. Changes in the central nervous system have been indicated as the major factors involved in these observed performance changes with age (Botwinick, 1978).

The possible interaction effects of sensory receptor deficiency and neuralphysiological changes with normal aging can be held responsible for the slowing of behavior in older adults. Also, it has been demonstrated that hearing and visual loss can influence withdrawal and also can influence the personality of older adults. In task situations requiring movement, slowing of response may not be a crucial parameter unless speed of response is critical, such as in avoidance of accidents while driving.

SECTION D — PERSONAL AND SOCIAL DEVELOPMENT AND AGING

Personality

Personality as a psychological construct has been defined in many different ways. It may be seen as a complex set of psychological and behavioral characteristics within the human organism. These characteristics are interactive in nature. Also, they are affected by and may affect the biological and sociocultural context in which the individual lives.

An individual's personality and reaction to the later life period are much related to that person's ability to resolve earlier life situations. Studies of personality types and of ego functioning indicate age-related change. Individuals may tend toward increasing introspection, increasing preoccupation with self, and decreasing involvement with and energy investment in the outside world (Neugarten, 1977).

Among the aging population, Neugarten, Havinghurst, and Tobin (1968) found a variety of personality types that are not related to chronological age. These personality types are related to how well one adjusts to the aging process and to how well one makes the transition from middle to old age. Within these personality types, the individuals are relatively homogenous with regard to degree of life satisfaction, but vary with respect to extent and intensity of activity. It appears that personality organization or personality type is the pivotal factor in predicting which individuals will age successfully or achieve life satisfaction in old age.

When studies were made on the extent of social interaction and life satisfaction experienced by different personality types, it was found that certain personality types as they aged were able to give up role responsibilities with relative comfort and to remain highly content with life. Other personality types experience the lessening of role commitments negatively. As Table 1 shows, the following personality types were found:

a. integrated — all participants in this personality type had high life satisfaction regardless of the extent of their role activity;

b. armored-defended — this type had high life satisfaction when medium or high in activity level;

c. passive-dependent types tended to be medium on life satisfaction regardless of degree of activity;

Table 1

Eight Patterns of Aging[a]

Type of Personality	Social Role Activity	Life Satisfaction
1. Integrated (accept life, competent egos, maintain control, flexible, mellow, mature)	a. Reorganizers (stay involved, stay active, work in church and community)	High High
	b. Focused (medium activity, focus energy on a few activities, selective in participation)	High
	c. Disengaged (high self-regard, calm, withdrawn, contented)	High
2. Armored (high defense against anxiety, maintain tight control over impulses)	d. Holding on (age is a threat, keep busy, never retire, achievement-oriented)	Medium
	e. Constricted (preoccupied with losses, structure life to avoid collapse, constrict energies)	Medium
3. Passive-dependent (strong dependency needs, seek responsiveness from others)	f. Succorance-seeking (lean on others for emotional needs, maintain average social activities)	Medium
	g. Apathetic (low activity, previous history of passivity, "rocking chair" people	Low
4. Unintegrated (defective cognitive and affective processes)	h. Disorganized (uncontrolled emotions, deteriorating thought processes)	Low

[a] Adapted from Neugarten, Havighurst, & Tobin, 1968.

d. unintegrated types were medium or low in life satisfaction whether active or disengaged. Among the passive dependent and the unintegrated, high activity levels were rare.

Personality is reflected in the ability of an individual to come to terms with his or her environment. Personality reflects the person's unique adaptation to past experience and sets limits on that person's response to the present social and physical environment. For most people, life satisfaction does not decline markedly with age, and ability to function and adapt does not seem related to age. The Psychology Today film, "Aging", demonstrates very well the key points discussed here and would be very useful in a classroom setting (CRM/McGraw-Hill Films, 1972).

Importance of Close Personal Relationships

Relationships with other people are important throughout life. In older adulthood, relationships become even more essential to happiness. Numerous studies have shown that people who had an active circle of friends were more satisfied with life. Those having a close friendship with a person in whom they can confide their deepest feelings and thoughts (a confidant) are more likely to succeed in adapting to life circumstances (Lowenthal & Haven, 1968). Having a confidant is more important for good mental health and high morale than is high social interaction or role status. Having someone to talk to about worries and pain makes it easier to deal with crises of old age such as widowhood, retirement, and changes in social interaction. The only circumstance a sympathetic listener does not seem able to improve is poor physical health (Papalio & Olds, 1978).

A great deal of support to most older people is provided by family and friends. Less than a quarter of older adults make use of the formal community services available to them. Those who do often have no other way to meet their personal needs.

An important concept is the Theory of Shared Function, which emphasizes the use of the natural support system (family, friends, neighbors) working in cooperation with the community service network to promote the well-being of the older adult. Provision of services such as transportation, telephone reassurance, homemaker, meal preparation, and personal care can make it possible for an individual to continue to live independently in the community. Individuals who do not have family and friends to offer support are at higher risk of institutionalization and potentially are more able to benefit from interactions with aging network service providers. A large number of older people in long-term care institutions have no other individuals who are able to care for them. Support systems are discussed more fully in Unit VIII.

One of the great advantages of special housing units or communities for aged persons (approximately 5% of older adults live in such housing) is that they facilitate the development of new friendships and interactions. The development of new relationships can enhance greatly the lifestyle of older persons. Older adults clubs, centers, and nutrition sites can also be supportive environments for interpersonal interactions. Keep in mind that most older adults do not need these important special environments because their life circumstances are very much as they have always been.

Disease, important social losses, and long-standing personality characteristics seem to be more important than age per se in causing depression or, for some, mental illness. There is a growing interest by mental health professionals concerning the needs of the elderly and the need for the clinical assessment of the aged. Psychopathology in older adults has been defined as occurring: when an old person contemporaneously expresses distress, disturbs others, is incompetent, and shows a change from his or her previous state, especially when this change is rapid and marked; when the causes of these events are seen to originate in the individual rather than in his or her circumstances; when the events are judged to be maladaptive; and when a treatment is available to slow down, or reverse, the progress of these events. This definition allows one to view the characteristics of psychopathology along a continuum (Pfeiffer, 1977).

Adaptation may be defined as the process of meeting an individual's biological, psychological, and social needs in a continuously changing environment. Pathology is the result of failure on the part of the individual to adapt to the demands to meet basic needs or attempt to meet basic needs in ways that are maladaptive (e.g., at the expense of pain) through suffering and disorder within the individual or the environment.

Emotional health in old age often involves successful adaptation to a number of life tasks. A major task is the adaptation to losses of the older adult period, which can include loss of spouse, loss of social relationships and social roles, loss of job and related associates, declines in income, mobility, physical health, and loss of opportunity for meaningful work and recognition. Financial resources, housing, health, and social involvement are all interrelated with emotional responses and capacities. A positive response would include the replacement of some of the losses with new relationships and new roles or the retraining of lost capacities. When necessary, older adults may have to learn to make do with less (Butler & Lewis, 1977).

Another major task is an identity review; Robert Butler's (Butler & Lewis, 1977) term for this process is life review. Erik Erikson (1950) referred to this last stage of development as Integrity vs. Despair. Whatever the source, many clinicians have discussed the fact that most older people engage in an evaluative review of their lives, weighing their accomplishments, failures, satisfactions, and disappointments. The older adult seeks to delineate a final identity as he or she approaches death. A positive resolution allows the individual to integrate his or her life history and allows a positive view of one's life work. Some individuals lacking a positive life history may not be able to accomplish this resolution.

Remaining active in order to retain function is another major task. Older adults should be encouraged to maintain physical activities, social interaction, intellectually and emotionally stimulating activities, and self-care capacities. Decrease of these functions through disuse can lead to unnecessary physical limitations, social isolation, disorientation, and apathy.

The older adult period can be an involving, interesting, productive, and satisfying period of life. Not all older adults age successfully, however. For some older adults there are maladaptive changes in personality that are the result of social-psychological aspects of aging. Stresses and losses become too demanding, earlier methods of coping with stress are no longer effective, or accumulated pressures are too overwhelming. Problems such as feelings of grief, guilt, loneliness, depression, despair, anxiety, helplessness, and rage are not unusual and should not by themselves be considered mental disorders. When these problems remain unsolved, interfere with daily functioning, and cause a great deal of emotional pain, therapeutic intervention is needed. There is a fine line at which these problems become severe enough to be called mental illness or disorders. When there are severe problems in functioning, great emotional distress, and symptoms of emotional impairment, an extensive psychological and medical evaluation of the older adult should take place (Butler & Lewis, 1977).

Older adults may develop functional disorders, those psychogenic problems without apparent physical cause that appear to be related to one's personality and life experiences. These failures in adaptation occur despite intact brain functioning.

Affective disturbances, alterations in personality or mood states, are the most common functional psychiatric disorders in the later years. Depression, whether based on mild reactive response to identifiable situational factors or on serious psychogenic states that have no apparent link with external events, is the single, most frequent functional disorder. Symptoms of depression include abject and painful sadness, generalized withdrawal of interest and inhibition of activity, and a pervasive pessimism manifesting itself as diminished self-esteem and a gloomy evaluation of one's present and future situation. Older adults will often report physical symptoms including loss of appetite, significant weight loss, severe fatigue, sleeplessness, constipation, or more rarely diarrhea. A thorough medical and psychological evaluation is indicated in someone expressing this set of symptoms. The most characteristic feature of depressive disorders is that they can occur suddenly in persons who have previously managed reasonably well. Depression can be triggered by loss of love or a loved one, or by disappointments, criticism, or other threats either real or imagined.

Severe depressive illness is often accompanied by suicidal thoughts. These may be relatively passive wishes for death or may be the starting point for an active plan to commit suicide. Suicide among older persons occurs at a rate more than triple that experienced in the general population. There is increasing risk of suicide with advancing age, especially among men.

Manic reactions may occur although depressive reactions are much more common. Manic reactions are a mirror image of depression in that the patient is elated, optimistic, and feeling all-powerful. Some drug treatments have been found effective.

Paranoid reactions are the next most common psychiatric disturbances after depressive reactions. Paranoia is attributing to other people motivations that do not in fact exist. This involves constructing faulty explanations of events. For example, an older person might misplace a valued or needed possession and then accuse someone else of stealing it. Paranoia is much more common in persons with various kinds of sensory deficits, particularly hearing loss, but also in persons with visual loss or individuals with decreased intellectual capacity. Treatment of paranoid reactions involving correction of sensory or cognitive deficits, provision of a stable, friendly, and familiar environment, and the use of small doses of tranquilizers have been found to be effective.

Hypochondriasis is the next most frequent disorder. This disorder is more frequent with older women than men and seems to increase in frequency with advancing age. Hypochondriasis is characterized by excessive preoccupation with one's bodily functioning or with having one or more specific diseases in the absence of significant physical pathology. The diagnosis must be made on the basis of negative physical findings and specific psychological observations.

For other older adults, changes in the brain, circulatory system, or endocrine system can interfere with adaptive responding leading to changes in behavior or mood. These people are referred to as suffering from organic disorders. Half of all persons with significant mental impairments 65 years of age or older have organic brain syndrome due to cell death or brain cell malfunction. Symptoms of chronic brain syndrome include disturbance of intellectual and cognitive functioning. Impairments of ability to remain oriented to one's environment, of short- and long-term memory, of visual-motor coordination, of learning and retaining special arrangements, and of ability to abstract are major characteristics.

The prime characteristic of chronic brain syndrome is its irreversibility. Once brain damage has occurred, there is no full return to normal physical condition. Many of the emotional and physical symptoms can be treated, however, resulting in improvement of functioning.

Of all older persons with organic brain syndrome, 10% to 20% have a reversible form of organic brain syndrome (acute) due to temporary malfunctioning of a significant proportion of cortical cells, which is due to metabolic malfunction or drug intoxication. Nutrition deficits can also be involved, and the patient's confusion and other symptoms may cease as soon as proper diet is initiated. The need for skilled diagnostic and therapeutic intervention is especially important here since complete restoration of functioning is possible in reversible organic brain syndrome.

Approximately 15% of the older adults in the United States suffer from moderate to significant psychopathology (Brotman, 1980). This includes approximately one million residents in various kinds of institutional settings who suffer from significant mental disorders. Active treatment programs exist in some state mental hospitals but are rare in long-term care facilities. Thus, the majority of mentally ill older adults are receiving institutional care, primarily social and custodial care.

When dealing with mental health issues, it is important to understand that community service network and support systems are just beginning to take a strong diagnostic, intervention, and support approach. Very often medical practitioners share in an attitude that little can be done for the older adult. It is imperative that the latest knowledge be made available to practitioners and that every attempt be made to promote maximal functioning in the older adult (Butler & Lewis, 1977; Pfeiffer, 1977).

Retirement and Work

Approximately 12% of individuals above the age of 65 continue to work. With mandatory retirement age for males now set at 70, or in the federal government no mandatory retirement age, people may choose to work longer.

Industrial gerontology research has shown that the majority of older workers can work as efficiently as younger workers. Consistency of output tends to increase with age. Older workers perform at steadier rates and have less job turnover, less accidents, and less absenteeism than younger workers.

Over three-fourths of older people are working or would like to have some kind of work to do. About 12% of those 65 or over are employed; 21% are retired but say they would like to be employed; 19% are not employed but do volunteer work; and another 9% are not employed and are not doing but would like to do volunteer work. (These total 78%.)

The majority of older people retire early, usually in their early 60s, and numerous research studies have shown that most people are satisfied with their retirements. There is a misconception that retirement leads to death. This probably comes about due to the fact that individuals with health problems more often take early retirement and subsequently die. The same people would have died if they had continued to work. Death gives retirement a bad name.

The majority of older people in the United States are active, happy, living in the community, and enjoying the latter part of their lives. The characteristics of the aged persons of the future will be even more positive.

SECTION F—A CONCEPTUAL FRAMEWORK FOR WORKING WITH OLDER PEOPLE

The major points to be made in Unit II are emphasized in the final section. It is important that trainees understand and accept the approach prescribed before proceeding to learn the basic communication skills presented in the text. They must understand and respect the uniqueness of each individual in order to become effective helpers. They must also realize that not all older people need assistance and that it is important to draw on the strengths of older people to keep them functioning independently.

Trainers can stress these concepts in the classroom setting and have trainees discuss the older persons they know. With each case example the trainer can point out, or have trainees point out, the uniquenesses of the person and the ways in which he or she is like other older people. The activity presented in Section F could be used to help trainees recognize their attitudes toward older people and would lead into the material in the following unit.

SECTION G—ATTITUDES-TOWARD-AGING EXERCISE

(Note: This exercise was developed by Fiona Slaney, PhD, Testing and Counseling Center, The University of Akron.)

Also called the Aging Interview, this exercise requires 45 minutes for completion. It is an excellent tool to use at the beginning of a workshop or series of training sessions to develop trainees' awareness of their attitudes toward aging.

Objectives:

- To encourage the participants to consider their own aging process.
- To allow the participants to exchange personal views of aging and to be sensitive to the feelings of others.
- To provide an opportunity for active participation.

Materials:

Directions and interview sheets.

Procedure:

Divide into groups of 3. Label each person A, B, or C. Take turns discussing the questions on the interview sheet. First A will answer the questionnaire and B and C will listen actively and ask questions to clarify answers (e.g., Could you explain that a little more? or What do you mean by that?). Then B will answer the questions with A and C listening carefully and clarifying. Finally C will answer the question with A and B listening.

ATTITUDES TOWARD AGING

Interview Questions:

(1) What signs of aging do you see in yourself now?

- a. physically (grey hair, wrinkles, etc.)
- b. mentally
  - (1) feelings, emotions, attitudes, beliefs, coping skills, motivation
  - (2) memory, ability to learn, ability to understand what goes on around us
- c. socially

(2) Do people treat you differently because of the changes you noted in question 1?

- a. family
- b. friends
- c. young people, children
- d. others

(3) Remember yourself at 25 or 30 (or some younger age). In what ways are you the same now as you were at that age? In what ways are you different? Do you really feel different?

(4) What advice would you give to younger people now about how to live their lives? What would you tell them about aging?

(5) Do you look at your life:

- a. from birth to the present?
- b. from the present to your death?

If b, when did you first notice a change in your time perspective? What effect does it have on you?

(6) What three aspects or things frighten you most about your own aging? Why?

(7) What do you look forward to most as you age? What are the implications of that?

(8) When you see older people on the street or at your agency, what thoughts do you have about them? About yourself?

Interview Questions - continued

(9) How do other cultures or ethnic groups treat their aged? What reaction do you have to that?

(10) Quickly, think of five adjectives or words to describe somebody about age 40.

(11) What piece(s) of information have you received today that might make a difference to your thoughts about:

a. your own aging?
b. the aging of others?

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UNIT III

KNOW THYSELF

Charles H. Huber

Alfred R. Wolff

Charles H. Huber is an Assistant Professor in the Counseling and Human Resources Department at the University of Bridgeport, Connecticut, and a Fellow at the Institute for Rational-Emotive Therapy, New York.

Dr. Huber did his graduate work at Florida Atlantic University and later at the University of South Carolina where he was first exposed to the field of aging and did his initial research regarding the delivery of counseling services to older persons. While in Columbia, South Carolina, he also served as a consultant to the Council on Aging, conducting "coping skills" training workshops for older persons in the community. Dr. Huber's present professional interests are in the area of marital and family therapy, cognitive-behavioral theory, and therapy coinciding with his work at the Institute for Rational-Emotive Therapy.

When Alfred Wolff completed his part of the final draft of this unit, he was serving as Professor of Counseling and Human Resources and Coordinator of the Specialization in Counseling the Aging, which he had initiated six years previously, at the University of Bridgeport. Recently, he officially retired and was awarded the title of Professor Emeritus.

He still teaches at the University of Bridgeport on a part-time basis and has an active schedule of workshop and conference presentations related to gerontological counseling. Most of Dr. Wolff's academic career was spent in student personnel services as a director of counseling and later as a dean. He was president of the Connecticut state branch of the American Personnel and Guidance Association and served as executive secretary of the New England Personnel and Guidance Conference for 24 years. He was a contributing author of the APGA publication, Counseling the Aged: A Training Syllabus for Educators.

UNIT GOAL

The goal of this unit is to provide trainers with additional resources to help trainees clarify their values in relation to older persons as well as their own personal aging. It includes a variety of additional activities and exercises to be used in conjunction with those in the corresponding unit of the accompanying text. The unit is meant to provide guidelines and caveats for the trainer who is working with crucial and sometimes delicate areas of increasing trainee self-awareness.

Focus of Materials for Trainers:

- supplemental activities and instructions
- evaluation suggestions and resources

INTRODUCTION FOR THE TRAINER

The training approach presented in this unit is primarily experiential. Trainees are encouraged to look carefully at themselves and examine their own feelings, attitudes, and beliefs. Learning to "know thyself" should not be a theoretical activity only remotely touching the lives of service providers. That is why this unit of the Trainer's Manual is designed to stimulate a variety of personally relevant experiences by using a number of group activities and exercises. These activities and exercises should supplement and enrich the readings and experiences included in the Basic Helping Skills text. You are encouraged to modify them and to develop others where applicable.

You probably will find that these activities and exercises provoke considerable thought and discussion. There may not be time to present all of them. You will have to choose, therefore, those that seem most meaningful for your group.

Remember also that developing increased self-awareness can at times be painful. Some persons will discover conflicts within themselves and identify personal needs that are disturbing and difficult to face. You have the responsibility to create a supportive group atmosphere in which members can choose to speak openly or to remain silent. You will find it helpful to establish clearly from the start the importance of listening attentively to others, of not monopolizing group time, and accepting, not judging, other people's feelings.

Some members of the group, particularly those experiencing self disclosure for the first time, may need special attention. Reserve time after each session to be available to them.

The Basic Helping Skills text has been written to serve as a basic aid for your training sessions. Since self-awareness should be an ongoing experience, encourage the members of your group to pursue resources for further learning discussed in Unit III of that text. The recommended books are written on a readily understandable reading level. It is expected that they will be meaningful to you also because they treat both the joys and sorrows of growing old and the varied reactions of people to the aging process.

This manual contains a selected bibliography that can strengthen your expertise as a trainer teaching this unit. In addition, an annotated list of films is included. These films should provoke thought and discussion, not only of what advancing years mean to others, but of the quality of one's own aging as well.

One recommended approach to beginning this unit focuses on "becoming more sensitive to the dignity and worth of older persons and their needs," which is included as section D of this unit of the training manual. It also may be used, however, as an ending to the learning and practice of skills in this unit, or at any point in training when it would seem to benefit the trainees and enrich their learning experiences. The short content portion, which is not included in the Basic Helping Skills text, can be expanded and the related exercises and activities can be given. The use of this section and its accompanying activities in the beginning is a positive way to set the stage for the presentation of other major unit activities and discussions.

The order of the remaining content and accompanying exercises and activities for training purposes can be followed as presented in the text. These exercises and activities can be completed during group sessions or given as homework assignments. The participants would then be invited to share their thoughts connected with these experiences at the next group meeting.

The exercises and activities provided here for trainers, however, generally require the leadership of a professional worker who has group work skills. They are basically intended for use in actual training sessions and are keyed directly to the material in Unit III of the text.

As you complete the suggested activities in both the text and trainer's manual, you will explore with your group of service providers their reasons for wanting to work with older persons and the possible effects these reasons may have on their performance of duties. Service providers will have an opportunity to discuss how strengths and weaknesses relate to work motivation, how some aging issues revolve around age biases, and what they have learned from this unit. You are encouraged to take a flexible approach to training your service providers and to make relevant changes and adaptations to meet the specific needs and interests of members of your group.

SECTION A — BEING A SERVICE PROVIDER

Skill Building Activities

1. Process the following questions within the group relating to Example 1: A Helping Hand, and Example 2: The Griper, in the beginning of Unit III of the Basic Helping Skills text.

    a. What are your personal reactions to the stories of Millie and Sara?

    b. Have you encountered similar situations in your work? How do you feel about persons like Olive Kelly and Mrs. Carroll?

2. One way to acquire more self-awareness is to obtain from others information about one's behavior. Ask individual group members to request feedback from at least two different persons within the group regarding their manner of relating to older persons. Specific examples of relationships with older friends and relatives, as well as older persons with whom

they work, would be useful. Suggest that they not try to explain or justify their behavior as they listen, but rather consider the comments and then try to determine how they can make the best use of this information.

SECTION B – MOTIVATION: WHY DO I WANT TO WORK WITH OLDER PERSONS?

Skill Building Activities

1. Ask a member of the group to take the role of Mrs. Hines as described below. Ask another member of the group to act the part of the service provider assigned to help her.

   Mrs. Hines: This is a 75-year-old widow who was recently hospitalized because of a stroke. She had difficulty moving her left arm and leg. Her doctor has requested that she exercise regularly, however, Mrs. Hines is very depressed and does not wish to engage in any physical activities. She tells the service provider to make her comfortable and to sit by her bed and read to her.

   Service Provider: Refer back to the skill building activity at the end of Section B in your text. Thinking of the problems, needs, and rewards you listed in that exercise, show how your feelings about the problems, needs, and positive experiences of the past week could affect your efforts to help Mrs. Hines, if you were unaware of them.

   When the role play ends, invite comments on the way Mrs. Hines was treated. Then ask the service provider to share with the group how he or she deliberately demonstrated the effect of his or her personal problems, needs, and positive experiences in working with Mrs. Hines. Conclude with a total group discussion on how service providers' personal feelings can affect their work with older persons.

2. Ask each group member to pay special attention to his or her work with two older persons before the next group session. Ask them to consider how their needs, problems, and positive feelings interfered with or enhanced their ability to be helpful. Discuss their experiences at the next group session.

3. Ask that the group members refer back to the skill building activity at the end of Section B in their text wherein they listed some of their strengths, talents, abilities, and assets. Ask them to consider how these strengths can be used to improve their ability to establish helping relationships with older persons. Then have each member set a goal for the coming week concerning one way in which he or she can improve the ability to work as a service provider to older persons.

Using the following guidelines, ask each member to make a contract with and commitment to the group for achieving that goal.

a. My goal is ....

b. The strengths I can use are ....

c. The ways in which I can use these strengths to achieve my goal are ....

d. My goal will be achieved when ....

Review group members' progress in achieving their goals at the next group session.

SECTION C — AGE BIASES: FACTS AND FICTIONS ABOUT OLDER PERSONS

Skill Building Activities

1. Ask the group members to make themselves comfortable, sitting or lying down with their eyes closed. Then slowly read them the following "fantasy trip into the future," allowing them time to picture scenes clearly and to react mentally. After completing the trip, ask individuals to share their feelings and reactions within the group as a whole, if they choose to do so.

   Close your eyes and picture yourself taking a long walk and eventually losing your way. You stop at a nearby house to obtain directions. The person who answers your knock at the door looks quite familiar and you suddenly realize that this is yourself when old. Look at yourself carefully. What do you look like? Introduce yourself as you are today to your older self. You are invited to enter the house and sit down and converse. Look around you. What do you see? How do you feel? Ask yourself what it is like to be old. Ask yourself what has happened to you over the years since your present age. Would you have spent your life differently? (pause) It is time to say goodbye. Open your eyes and think what this experience has meant to you. What feelings were brought out concerning your own aging? Were you surprised by them? Did they reveal any biases? In what ways might your feelings and attitudes about growing old influence your work with older persons? (Wolff & Meyer, 1979)

2. Ask group members to pay close attention before the next session to advertisements and stories concerning older persons that appear on television and in newspapers and magazines. Ask them to note which ones give false information about older persons or show them in a ridiculous or otherwise unfavorable manner. Discuss during your next session these

advertisements and what effect each might have on the way persons look at older people. Encourage the writing of group letters to the advertisers informing them of these possible effects.

SECTION D – BECOMING MORE SENSITIVE TO THE DIGNITY AND WORTH OF OLDER PERSONS AND THEIR NEEDS

People usually respond positively when treated with dignity and respect and when they believe their feelings are understood. Many problems that appear to come entirely from physical or mental illness may be reduced or even solved when this takes place.

Consider, for example, how the lonely widow (whose difficulty in walking keeps her close to home) forgets her headache, at least for a time, when the friendly visitor listens closely to her story of how much she misses her husband. Or think of the fragile man whose face lights up as the cheerful aide stops to talk with him while he is sitting in the corridor. When he was first admitted to the nursing home several months earlier, he spent much of his time staring vacantly into space. Caring attention from the service providers of the nursing home, however, has brought him to the point where he feels at ease at the home and can maintain and enjoy conversations with others.

Service providers' appreciation and caring for older people can be strengthened by recalling the importance older persons have had in their lives, by perceiving the world around them as if through older persons' eyes, and by establishing meaningful and mutually satisfying relationships with older persons. This should be understood more clearly through participation in the group activities that follow.

Skill Building Activities

1. Following is a poem entitled "What Do You See? What Do You See?" Read it aloud to the group (have copies for each member, if possible). Have group members exchange thoughts as to what this poem means to each of them and how its message can be helpful in their work with older persons.

2. With the group sitting in a close circle, have everyone think of an older person who is or was very dear and important to them. Ask those who are willing to participate to take turns composing out loud a letter of appreciation to that person. It often is best to begin this exercise by making up and sharing a letter of your own. Discuss the group members' reactions to this activity.

What Do You See?
What Do You See?

What do you see nurses, what do
You see?
Are you thinking when you are
Looking at me—
A crabbit old woman, not very
Wise,
Uncertain of Habit, with far-away
eyes.
Who dribbles her food and makes
No reply
When you say in a loud voice—
"I do wish you'd try."
Who seems not to notice the
Things that you do,
And forever is losing a stocking
Or a shoe.
Who unresisting or not, lets you
Do as you will,
With bathing and feeding, the long
day to fill.
Is that what you are thinking—
Is that what you see?
Then open your eyes, nurse, you're
Not looking at me.
I'll tell you who I am as I sit
Here so still;
As I use at your bidding, as I eat
At your will,
I'm a small child of ten with a
Father and mother,
Brothers and sisters, who love one
Another.
A young girl of sixteen with wings
On her feet,
Dreaming that soon now a lover
She'll meet;
A bride soon at twenty — my heart
Gives a leap,
Remembering the vows that I
Promised to keep;
At twenty-five now I have young
Of my own,
Who need me to build a secure,
Happy home;
A woman of thirty, my young now
Grow fast,
Bound to each other with ties that
Should last;
At forty, my young sons have
Grown and are gone,
But my man's beside me to see
I don't mourn.
At fifty, once more babies play
Round my knee.
Again we know children, my loved
One and me.
Dark days are upon me, my
Husband is dead,
I look at the future, I shudder
With dread,
For my young are all rearing
Young of their own,
And I think of the years and the
Love that I've known.
I'm an old woman now and nature
Is cruel—
Tis her jest to make old age look
Like a fool.
The body it crumbles, grace and
Vigour depart
There is now a stone where I once
Had a heart;
But inside this old carcass a young
Girl still dwells.
And now and again my battered
Heart swells.
I remember the joys, I remember
The pain,
And I'm loving and living life
Over again.
I think of the years all too few—
Gone too fast,
And accept the stark fact that

Nothing can last,

So open your eyes, nurses, open
And see
Not a crabbit old woman, look
Closer — see Me!

Author Unknown

Reprinted from M. L. Ganikos (Ed.), Counseling the Aged: A training syllabus for educators, Falls Church, Va.: American Personnel and Guidance Association, 1979.

SECTION E – EVALUATION RESOURCES

The following evaluation resources are offered as a means for you to assist the service providers in your group to better understand what they have learned about themselves from this unit.

Evaluation No. 1

Ask the service providers in your group to think back to what they have learned during this unit to help them know themselves. Have those who are willing to do so take turns sharing with the other members at least three experiences or understandings that were most meaningful to them.

Evaluation No. 2

Provide a copy of Working With Older Persons: A Motivational Checklist, which follows, to the members of your group and request that they respond as noted in the directions. Encourage them to review their responses and then consider their progress in knowing themselves. The completed check list then can be used as a basis for a group evaluation and discussion of the value of the unit, or as a personal critique to be retained privately. It also can be submitted anonymously to you as an aid in judging your own effectiveness as a trainer.

WORKING WITH OLDER PERSONS: A MOTIVATIONAL CHECKLIST

Directions

This checklist identifies the major points covered in Unit III of the Basic Helping Skills text, "Know Thyself." Place an X before those points you think you understand. Then give careful attention to the statements you did not check. This should indicate to you where further review and self-examination are needed.

I Have Gained an Understanding of the Following:

____ An awareness of my reasons for wanting to work with older persons.

____ An awareness of the rewards I gain from working as a service provider.

____ A recognition of my personal needs and how these may affect my work as a service provider.

____ A recognition of how my personal problems or positive experiences can affect my work as a service provider.

____ An awareness of my strengths and weaknesses.

____ A knowledge of possible age biases I may hold.

  ____ "Act Your Age"

  ____ "You Can't Do That"

  ____ "Being Old"

____ An awareness of how I can be more sensitive to the dignity and worth of older persons and their needs.

RESOURCES FOR FURTHER LEARNING

Readings

Blake, R. Counseling in gerontology. *Personnel and Guidance Journal*, 1975, *53*, 733-737.

Butler, R.N. *Why survive: Being old in America*. New York: Harper & Row, 1975.

Burnside, I. (Ed.). *Sexuality and aging*. Los Angeles: Ethel Percy Andrus Gerontology Center, University of Southern California, 1975.

Capuzzi, D., & Gross, D. Group work with the elderly: An overview for counselors. *Personnel and Guidance Journal*, 1980, *59*, 206-211.

Dillon, K., & Goodman, S. Think old: Twenty-five classroom exercises for courses in aging. *Teaching of Psychology*, 1980, *7*, 96-99.

Ebersole, P. Reminiscing and group psychotherapy with the aged. In I. Burnside (Ed.), *Nursing and the Aged*. New York: McGraw-Hill, 1976.

Insel, S.A. On counseling the bereaved. *Personnel and Guidance Journal*, 1976, *55*, 127-129.

Kübler-Ross, E. *On death and dying*. New York: MacMillan, 1974.

Lobsenz, N.M. *Sex after sixty-five*. Public Affairs Pamphlets, 381 Park Avenue South, New York, 1975.

Ragan, P.K. (Ed.). *Aging parents*. Los Angeles: The Andrus Gerontology Center, University of Southern California, 1979.

Silverstone, B., & Hyman, H.K. *You and your aging parent*. New York: Pantheon Books, 1976.

Films

The following annotations of films were taken from *About Aging: A Catalog of Films* (rev. 1977, 1979), compiled by Mildred V. Allyn of Ethel Percy Andrus Gerontology Center, University of Southern California, Los Angeles. This catalog contains information for obtaining the films listed below.

And When You Grow Old 26 min/color/1976/16mm
In five sketches, this film attempts to show how some older people from different backgrounds feel about growing old.

Arthur and Lillie 30 min/color/1976/16mm
Arthur Mayor, veteran Hollywood film producer, and his wife Lillie recall the early days of Hollywood and then bring the viewer to the present with a heart warming picture of active involvement with a community of young people.

Looking for Yesterday 29 min/color/1978/16mm
This film shows what can be done to relate properly with very old persons who are disoriented.

Peege 28 min/color/1974/16mm
A family visits a dying grandmother in a nursing home. She is blind and seems to lack all interest in what is taking place around her. The visit is awkward and when the family leaves the young grandson stays with her for a few minutes. He tries to obtain some response by whispering in her ear and touching. His efforts are successful and when he leaves she is alone again, but now with a feeling of self-worth, knowing that someone cares and treasures memories of times spent with her.

Shopping Bag Lady 21 min/color/1975/16mm
A touching account is given of the cruelties inflicted by a group of young girls on an old woman who roams city streets collecting other people's castoffs. One of the girls discovers an old family album in the woman's shopping bag. This helps her appreciate that the "shopping bag lady" is a person too. This realization carries over to thoughts concerning her own grandmother.

String Bean 17 min/color/1965/16mm
A story of an old woman living alone who takes happiness from nurturing a potted string-bean plant. Her ability to find purpose and pleasure in what others might consider to be a drab existence is inspirational.

REFERENCES

Allyn, M.V. About aging: A catalog of films. Los Angeles: Ethel Percy Andrus Gerontology Center, University of Southern California, 1979.

Wolff, A.R., & Meyer, G.W. Counseling older adults: Suggested approaches. In M.L. Ganikos, (Ed.), Counseling the aged: A training syllabus for educators. Falls Church, Virginia: American Personnel and Guidance Association, 1979.

UNIT IV

WHAT IS A HELPING RELATIONSHIP?

Lawrence M. Brammer

Lawrence M. Brammer received his MA in 1948 and PhD in 1950 in counseling from Stanford University. He is a Counseling Psychologist by profession and for the past 16 years has been a Professor of Counselor Education at The University of Washington in Seattle.

Dr. Brammer is involved in both teaching and research in counseling older adults through the university. This involvement has taken him on many national and international trips, most recently to New Zealand (University of Canterbury), and in the past to Holland, Tehran, Seoul, Taiwan, and other countries in Europe.

He has published four books on counseling in addition to a newly published book on Mid-life Development. He has published 60 articles on counseling, testing, and human development. His professional interests include counseling middle-aged and older adults, coping skills for life transitions, and cross-cultural comparative counselor education.

He is a Fellow of the American Psychiatric Association, a Diplomate of the Board of Psychology, and a member of APGA and the Association for Humanistic Psychology.

UNIT GOAL

The goal for this unit is to provide the trainer with knowledge for teaching trainees about helping relationships. The unit suggests uses of the resources and exercises in the corresponding unit of the text and targets effective training in the areas of responsibility and ethics, confidentiality, empathy, and dependence.

Focus of Materials for Trainers:

- supplemental instructions concerning Skill Building Activities
- evaluation suggestions and resources

INTRODUCTION FOR THE TRAINER

The purpose of this unit is to describe a helping relationship and the characteristics of a helper. It provides a conceptual background for the skill building units to follow. Upon completion of the unit, the trainee should be able to describe the elements of a helping relationship in terms of meeting the older person's needs. The trainee should also be able to list the personal qualities, beliefs, and values held by persons who consider themselves helpful to older adults. In addition, the trainee should be aware of the ways that relationships intended to be helpful can become harmful. The overall outcome expected from this unit is greater self-awareness; the principal skill expected is the helper's understanding of his or her own strengths and limitations.

The following paragraphs contain suggestions for activities to make the text more relevant, or to strengthen skills. These suggestions are keyed to the three main sections in Unit IV — What Does "Being Helpful" Mean? What is a Helping Relationship? and Helper Characteristics.

A short quiz consisting of true-false items and a concept identification list is included at the end of this unit. Trainers can use this instrument to encourage trainees to identify key points learned in the unit and refine their own understanding of the concepts.

SECTION A — WHAT DOES "BEING HELPFUL" MEAN?

Service providers were asked to recall situations where they were helped by or had helped an older adult. It would be useful to ask them to share their work in groups of three, for six minutes total. The following additional suggestions will help lead into Section 2, What is a Helping Relationship?

You might ask the trainees to what extent their lists include qualities such as being just a good friend, an expert consultant, a "Dear Abby" adviser, a person sensitive to another who is hurting, a caring listener, a psychologist with lots of explanations, or perhaps a stern parent with warnings and firm demands.

Suggest that the trainees, after thinking over the questions in the text, discuss these ideas and feelings with other service providers. They probably will find that their feelings and ideas about helping are similar to those of others. They may find also that their lists of helper traits are similar to the ones described in Section 2.

SECTION B — WHAT IS A HELPING RELATIONSHIP?

After reading the paragraphs on why older persons often resist or reject a helping relationship, service providers should be able to think of other possible reasons for rejecting a helping relationship. If they have had experiences with older adults, they could be asked to do the following awareness exercise and then discuss their response in small groups.

- Do you remember working with an "ungrateful" older person who seemed to reject your services?
- How did you feel?
- How did you explain the behavior then?
- How would you explain it now?

After trainees complete the subsection on formal and informal relationships, ask them to recall situations when they were assisted by such formal helpers as counselors, physicians, or ministers. Then ask them to recall situations of informal help and how they experienced this help. Ask them to contrast these experiences, to express a preference for either type, and to explain their choice. Sharing these experiences in small groups would help to clarify their ideas.

At the end of the subsection on responsibility and ethics, trainees might be asked to list all the ways they can think of that a helping relationship could be harmful or destructive. Similarly, the question asked of trainees in the text (on what good they see coming out of their helping relationship) might be discussed in small groups. The total group then might consider the question What have you learned about harmful and helpful qualities in your helping relationships? Trainees should realize by this point that helping requires more than good intentions.

At the end of the subsection on responsibility and ethics, trainees are asked to examine their fitness to be a helper. This subsection may evoke strong feelings. Time must be budgeted to discuss trainees' reactions in small groups and then to share these reactions in the total group. Trainees can benefit from reviewing the sources for valid feedback on their suitability as helpers. The following questions and discussion topics can supplement the text.

Helpers need to reexamine their motives for wanting to help (discussed in Unit III). Ask yourself:

- To what extent do I want older people to admire me, be dependent on me, and see me as strong and capable?
- In what kinds of relationships do I see myself as rescuer, aggressor, appeaser, or dominator?

Trainee answers to these searching questions may provide a clue to their discomfort or ineffectiveness in helping relationships.

In the subsection on how a helping relationship copes with dependency, the important issue of dependence is covered briefly. The following supplemental material can be used during discussions on the questions trainees are asked to consider at the end of the text subsection on dependency.

- What is the best outcome for this older person at this time and place?
- What is my personal view about being dependent?
- Do I push my views on older people with whom I work?

Independence, in the sense of standing on our own feet and taking care of ourselves, is valued highly in our society. Yet, many older people face increasing dependency in almost all aspects of life. Reduced income after retirement, for example, is a constant reminder of being dependent on some person or agency for adequate funds to survive. Aging often reminds us that strength is waning, senses are declining, energy is lowering, memory is failing, and general coping capacity is diminishing, which is suggestive of the numerous declining powers detailed in Unit II. These changes often result in a state of dependency for many older people. Since these changes also involve losses, some of the consequences of grieving (e.g., depression) complicate the picture. An example is the older man who has prized his ability to use tools but has lost finger dexterity. He feels depressed and annoyed over the loss. So, the helper must deal with two issues: the man's feelings of frustration and anger over the loss of function and inability to perform the same tasks he could when younger; and the task of helping him find new things to accomplish or new ways to do the things he has done before.

Dependencies that result from declining economic, physical, and mental status are complicated by social dependency. Many older persons find that somebody — a relative, visiting care giver, or health agency — must take care of them. Some older persons lose much of their power to control their environment. As a result, they often feel confused, angry, afraid, isolated, obsolete, and abandoned, or at least burdensome.

Given this dependency in some older people and given the heavy emphasis on independence in our society, what can the helper do to enable older people to resolve their confusion and relieve their anger? Some of the answers lie in improved services for normally dependent older people by families and agencies. In the helping relationship, however, we can allow older people to be dependent for a while and to express their painful feelings about dependency. We can try to understand and accept these feelings, especially the reduced self-esteem, during grieving over loss, that often leads to dependency.

Issues of confidentiality will need more discussion, with examples of dilemmas and cases from the experiences of both trainers and trainees. Agencies working with older adults have many legal and professional constraints on flow of information. Where do the trainees stand on these requirements, and how are they affected?

The issue of high suicide rates among White older adult males is disturbing to many helpers. This issue needs time for discussion, clarification of attitudes in small sharing groups, and general discussion in the total group.

SECTION C – HELPER CHARACTERISTICS

The subsection on empathy requires some skills practice for thorough understanding and application to helping relationships. Trainees are asked to listen to older adults and to ascertain their feelings and world outlook. Additional suggested skill building activities include asking trainees to practice getting into an empathic set by thinking of a recent incident in which they talked with another person. Ask them to write down their own feelings, to write in one sentence the other person's view of the topic under discussion, and to define empathy in their own terms. This activity should be done in pairs so trainees can give each other feedback on the accuracy of their perceptions.

Role playing problem situations in which trainees assume the role of the other person and then give feedback on accuracy are helpful in practicing empathic responding.

SECTION D – EVALUATION RESOURCES

Part 1 - Self-Assessment

The following evaluation resources are intended for use by trainees in self-evaluation. They should be given time to review and discuss their answers in class. Trainers should emphasize that the purpose of the activity is self-evaluation and that wrong answers should not be seen as failure but rather as indication of the need to review and continue learning the information presented in the unit. In particular, the list of words in exercise B can be a beneficial review for trainees of the concepts presented in this unit.

SELF-ASSESSMENT

A. Write a T in the place next to the number if the following statements are mainly true as described in this unit. Mark with an F if mainly false.

____ 1. A goal of helping is to facilitate the personal growth of the other person.

____ 2. A goal of helping is to encourage the other person to be dependent on the helper.

____ 3. A goal of helping is to meet the survival needs of the older adult.

____ 4. A goal of helping is telling people how to live their lives.

____ 5. Truly helpful relationships with older adults are always informal.

____ 6. As a general rule, helping relationships should never be forced on a person.

____ 7. Informal helpers need to keep personal relations of older persons confidential.

____ 8. Older persons had best be advised to get over their dependency as quickly as possible.

____ 9. What the helper believes about people in general influences how the helper will treat older persons.

____10. Research on helping relationships indicates that helpers have much potential power over people with whom they work.

B. Check the following words or phrases that describe qualities of a helper. Write a brief reason for each stating the reason you think, or do not think, that the term is important.

____ 1. Empathic -

____ 2. Caring -

____ 3. Touching -

____ 4. Self-disclosing -

____ 5. Congruent -

____ 6. Protective of confidentiality -

____ 7. Specific -

____ 8. Ethical -

____ 9. Renewing -

____10. Friendly -

Key for Self-Assessment

A. True-False

True - 1, 3, 6, 7, 9, 10. False - 2, 4, 5, 8.

B. All are potentially useful under some conditions. All have limitations. What were your reasons?

UNIT V

HOW CAN I BUILD & MAINTAIN A HELPING RELATIONSHIP WITH OLDER PERSONS?

Richard H. Blake

Georgia Bichekas

Rich Blake teaches counseling and gerontology courses at the University of Nebraska at Omaha, where he is a Professor in the Counseling and Special Education Department.

He joined the University of Nebraska at Omaha in 1966 after completing his EdD in counseling psychology at the University of Missouri-Columbia. Since 1973, his major professional interest has been the improvement of counseling services for older adults. He was a contributor to the American Personnel and Guidance Association (APGA) publication Counseling the Aged: A Training Syllabus for Educators, has been a member of the APGA Special Committee on Adult Development and Aging since 1978, and is the current chairperson of that committee.

Georgia Bichekas received a BA in elementary education in 1971, an MEd in 1974, and her PhD in counseling with a Specialist in Gerontology from the University of Arizona, Tucson in 1980. Her doctoral studies included an internship with the Hospice of Tucson that resulted in research with hospice nurses.

Since joining the University of Nebraska at Omaha faculty as an Assistant Professor in Counseling and Special Education, she has taught courses in counseling and gerontology and has conducted local and regional seminars that reflect her interests in hospice and gerontology.

UNIT GOAL

The goal of this unit is to provide the trainer with additional knowledge to help in the process of training service providers to build and maintain a helping relationship with older people. Additional activities are also provided to help the trainer in teaching this experiential material.

Focus of Materials for Trainers:

- supplementary information
- additional material for advanced trainees
- additional activities
- instructions and suggestions for using activities
- suggestions and strategies for trainee evaluation

INTRODUCTION FOR THE TRAINER

In the text that accompanies this manual, trainees will be exposed to the concepts, characteristics, and skills involved in active listening and facilitative conditions for helping.

They will learn how to avoid creating barriers to a helping relationship as well as how to build a helping relationship. Skills such as paraphrasing, questioning, reflecting feelings, self-disclosure, genuineness, responding with respect, and assertiveness are among those with which trainees will need assistance mastering. Probably the best way to assure that the trainees will be successful in learning these skills is to introduce them one at a time and allow for a significant amount of practice. Many of the materials in this manual are intended to assist you in doing that.

Trainees are apt to feel overwhelmed and awkward at first and will require support and encouragement from you if they are to be successful in developing their potential as helpers.

For specific instructions in teaching communication skills, see Unit I, Section B in this manual, entitled Principles and Techniques for Teaching Communication Skills.

SECTION A — RELATIONSHIP BARRIERS AND BEGINNINGS

Part 1 - Relationship Barriers

The trainee's text refers generally to difficulties that hamper the maintenance and establishment of a helping relationship. The following sections are offered to the trainer for purposes of instruction and discussion.

Values and Behaviors

One obstacle to establishing a helping relationship is that not all those who need help are pleasant, easily loved people. Sometimes it is actually the self-centered, unfriendly older people who most need a warm, caring helper. If we are to be effective helpers to those who need us the most, we must be able to overcome the obstacle of the older person's own behavior and learn to react differently to him or her than most people react. Learning to concentrate our efforts on understanding and developing empathy rather than on evaluating and judging is the key to overcoming the barrier of not caring for or not feeling warmth towards a person. If we can concentrate on understanding things through the older person's eyes, warmth and caring are more likely to follow.

Probably the most difficult thing to acknowledge for those of us who view ourselves as open, caring individuals is that we, like all people, have human characteristics that will not allow for building a helping relationship with a particular person. The individual may possess behaviors or values we cannot tolerate. In such instances it is a disservice not to refer the person to another helper or service provider.

Generational Differences

Another potential problem is that of generational differences. It is important for the younger service provider to recognize that older individuals are the product of a more formal generation that often takes exception to the informality of referring to elders by their first names, presenting oneself in what might be considered leisure attire, or using current jargon or slang. Some hints to keep in mind in this area are:

- Always refer to the older person as Mr., Mrs., Miss, and so forth, unless specifically invited to do otherwise.
- Dress in an appropriately professional manner. It will help overcome the possible bias of "youthful incompetence."
- Use language that is clear and appropriate.

Ageism

Respect was discussed earlier as an essential characteristic of the helping relationship. In some ways our culture does not demonstrate a respect for older people. As part of our culture, we too may not view older persons with the degree of respect needed for a helping relationship. Ageist attitudes are a primary barrier to effective helping. Nothing is more important to becoming an effective helper than for us to seek out and destroy our disrespectful attitudes and behaviors.

Over-Assisting

The "rescuer syndrome" was discussed in Unit III, "Know Thyself," and will also be discussed later in this unit in relation to dependent older persons. It is listed here to reemphasize its importance.

Another common pitfall for those of us who like to help is to be too helpful. By that we mean the desire to solve all problems for the individual. Although this desire stems from noble feelings, it is important to note that such overly helpful behavior can be a detriment to the older individual. By being so overly helpful we take away the individual's responsibility for himself or herself and in fact create helplessness. Such a rendering of the individual as helpless communicates a lack of respect both for the individual and the ability to solve his or her own problems.

Role Confusion

Just as it is inappropriate to "mother" an older person, so too is it inappropriate to view oneself as the individual's personal therapist. The majority of older individuals will be in need of supportive assistance and not personal therapy. Should you encounter individuals who you feel are in need of therapy, it is in the best interest of the individuals to refer them to those with greater knowledge and expertise.

Personal Concerns

Other barriers to helping are our own unresolved problems and concerns. Anything that distracts our attention from the older person is a barrier. Unfinished work, an unresolved family argument, our own health problems, or physical tiredness all divert us from concentrating on the older person's needs. An important part of being prepared to help others is keeping our own lives sufficiently in order so that our own problems do not intrude into our work with others.

Resistance to Accepting Help

Many older individuals equate receiving counseling assistance with admitting to having mental illness, and as a result they will be resistant to counseling. Service providers are placed in a unique position to break down this resistance. While not representing the threat of professional counseling intervention, they can provide effective helping relationships that may result in referral for needed mental health care. Resistance to counseling services will require that the service provider seek out the individual and slowly build a relationship based on trust, confidence, and sincere interest in the well-being of the individual. Often helping relationships may begin under the guise of friendship, or as a part of another activity.

Time Limitations

The limitation of time is an important barrier to establishing effective helping relationships. Different responsibilities and different people compete for our limited time, and it is possible only to do so much. We must accept the reality of limited time. It should also be recognized, however, that the time taken to establish good relationships and to communicate clearly can be a good investment and save time in the long run. Resolving minor difficulties before they become major problems can be the most efficient way we can use our time.

Part 2 - How a Helping Relationship Begins

It is important that service providers understand the difference between a friendly relationship with an older person with whom they work and a helping relationship with that same individual. Ask them to recall specific older persons whom they have encountered in each of the three ways mentioned: self-referred with clearly defined concerns, self-referred but without the problem clearly defined, and referred by others. Have them discuss the differences in each type of relationship. How does the helping relationship differ in each instance?

It would be useful here to review the concepts of informal and formal helping discussed in Unit I, Section A. How do these concepts relate to the different relationships discussed above?

SECTION B – HELPING SKILLS - NONVERBAL COMMUNICATION

Skill Building Activities

Help trainees focus on the experience of being attended to in varying degrees. They will need to work in pairs for the following activities.

1. Stand back to back with your partner and spend 2-3 minutes discussing something of interest to you both. What did it feel like?
2. Now stand facing your partner at a comfortable distance and again spend 2-3 minutes discussing something of interest. This time, however, behave much as people do at large parties – look around the room, wave at someone across the room, search for matches, and so forth. How did that feel?
3. Once again stand facing your partner. During this discussion look at your partner but show no expression as either of you talk. Make no motions and show no emotions. Be absolutely "stone-faced." What was that like for you?
4. This time stand facing your partner and, as you talk, practice the attending skills you have learned. Practice eye contact and body posture, but move slowly apart until you reach a distance of about 10 feet, then move slowly closer again. Keep talking and attending the whole time. What did you experience while doing this exercise?

SECTION C – HELPING SKILLS - VERBAL COMMUNICATION

Trainees will need a great deal of practice in order to be able to use effectively the skills being presented in this unit. The Skills Practice sections will assist you in providing trainees the necessary practice.

Part 1 - Paraphrasing

Skills Practice

Have each student read each statement by an older person and provide a response that paraphrases what the older person said. Review and discuss the responses.

Older Person: My hip seems to be getting worse instead of better. The doctor says it could get worse.

Helper Response:

Older Person: I just don't understand why medical bills have to be so high. It's not as if the doctor ever does me any good.

Helper Response:

Older Person: Grandmother is getting so senile! She forgets everything and is becoming impossible to get along with.

Helper Response:

Older Person: Imagine my son saying I'm too old to drive and trying to take my keys away! You don't think I'm too old, do you?

Helper Response:

Older Person: I just don't know how to tell Mother that she can't take care of herself any more and needs to go into a home.

Helper Response:

Responding to these written statements is only the beginning step in using paraphrases properly and comfortably. Ask trainees to try using paraphrases occasionally in daily conversations. They will probably need reassurance that although it will seem awkward at first, the more they do it the more natural it will become.

Part 2 - Asking Questions

Skills Practice

Have trainees change the following closed questions to open questions. Discuss their responses.

1. You don't like your mother, do you?

2. You mean you're unhappy?

3. Isn't Suzie a dear?

4. Does your leg hurt?

5. You do want to play bingo, don't you?

6. Do you disagree with me?

7. You want to put her in a nursing home, don't you?

8. Are you afraid to have a check-up?

9. Isn't it hard to keep this big house?

10. Shouldn't you sell your furniture?

Part 3 - Reflecting Feelings

Trainees should be encouraged to understand that everyone has feelings, that in and of themselves they are neither good nor bad, and that feelings affect the way people act. It is important for helpers to recognize and react to feelings for several reasons:

a. It helps the older person recognize and accept his or her own feelings.

b. It helps the older person feel accepted by the helper.

c. It helps the older person feel that the helper is trying to understand him or her.

d. It gives the older person an opportunity to verify or correct the helper's hunches.

e. It gives the older person permission to talk further about his or her problem.

The following practice exercises are suggested for use following the related Skill Building Activities in the text.

Skills Practice

Directions: Assess the following helper responses using the three-level Understanding/Empathy Scale. Write your assessments (1, 2, or 3) in the space provided.

1. Older Person: It was the best trip I think we ever took. We both felt good and got along real well. It's a beautiful place, and I sure hope you can go there sometime.

   Helper # 1: It's not hard to tell you really enjoyed it. I hope I can go there sometime. ____

   Helper # 2: Last autumn I went to Missouri and had a great time. ____

   Helper # 3: I don't see how you could like Florida. I hear there are too many bugs down there. ____

   Helper # 4: Sounds like everything went just the way you wanted. ____

2. Older person: I just can't take care of him any more, but I don't know what to do. My daughter says to put him in a nursing home, but he doesn't want to go at all.

   Helper # 1: I think the only sensible thing to do is to put him in a home. You're just killing yourself for nothing. ____

   Helper # 2: Why doesn't your daughter help you more? ____

   Helper # 3: You really feel that you can't keep on like you have been, but you don't like the thought of putting him in a home. ____

   Helper # 4: Everybody thinks he should go into a home, but for some reason you don't agree. ____

   Helper # 5: What's wrong with him? ____

   Helper # 6: Knowing he doesn't want to go makes it especially hard. ____

3. Older person: Holidays like this are especially hard. I just can't help but remember how it used to be. I miss him so much.

   Helper # 1: He's been gone a long time now. You really should get more involved in things and try to stop going over those old thoughts all the time. ____

Helper # 2: I can see the hurt and sadness that still show, Mary. It's extra hard at this time of year. ____

Helper # 3: I know just how you feel, but I saw a good movie the other day. It might help cheer you up. ____

Helper # 4: It's especially hard to keep cheerful during holidays, but you seem to be doing pretty well. ____

Key to Levels of Helper Responses — Understanding and Empathy

As indicated in the discussion of empathic responses, feelings are often shown by tone of voice, facial expressions, posture, and in other nonverbal ways. Thus, the evaluation of written statements is especially limited. Nevertheless, we can identify to some extent the feelings and meanings expressed by written statements and evaluate the degree to which responses demonstrate understanding and accurate empathy. The following are suggested ratings for the helper responses given in this section.

1. Helper # 1 - Level 3 Helper # 2 - Level 1
   Helper # 3 - Level 1 Helper # 4 - Level 3

2. Helper # 1 - Level 1 Helper # 2 - Level 1
   Helper # 3 - Level 3 Helper # 4 - Level 1 or possibly 2
   Helper # 5 - Level 1 or 2 Helper # 6 - Level 3

3. Helper # 1 - Level 1 Helper # 2 - Level 3
   Helper # 3 - Level 1 Helper # 4 - Level 2 or 1

SECTION D — SELF-DISCLOSURE AND GENUINENESS

The two "older person" statements and possible helper responses given below may be used to supplement the two examples given in the service provider's text.

> Older person: You know that going to that reunion is very important to me, but I don't have any way to get there. I was hoping maybe you would give me a ride.
>
> Helper # 1: I'd be glad to. When should I pick you up?
>
> > From words alone, there is no way to tell if this is or is not a genuine statement. If it is an honest expression of the helper's feelings, then it is a helpful, genuine response. If it is not what the helper truly feels, there are several negative outcomes that are very likely to take place. The helper's true feelings may reveal themselves to the older person by nonverbal means, and the older person will know the helper is not genuine. The helper is likely to feel resentment, which may reveal itself at a later time or be displaced onto someone else. The helper may find himself or herself receiving similar requests in the future and feeling repeatedly or increasingly trapped.
>
> Helper # 2: Well, I know you'd really like to go, but I've already agreed to take a full carload. I'll try to help you find someone who could take you, though, if you want me to.

This response includes a brief recognition of the older person's wish to go, a straightforward explanation of why the helper can not provide a ride, and an offer to help. There is no defensiveness or phoniness and, if honest, it is a constructively genuine response.

Helper # 3: Margaret, I know you've been looking forward to the reunion and hoping I'd take you, but with the price of gas and that being such a long trip, I just don't think I can drive you there. I hope you are able to go, and if I think of someone who might be going who lives closer to you, I'll let you know. But I hope you'll try to find some other way to get there or a ride with somebody who's better able to take you than I am.

This is an assertive response and is a situation similar to what is discussed in the section on dependent clients. Sometimes our most constructive way of being genuine is to be assertive. Helpers have the right to uphold their own rights. We also have a responsibility to be as considerate of others as possible while maintaining our rights. Assertiveness is discussed later in this unit and in greater detail in Unit VI.

Often self-disclosure and genuineness are very similar and are interrelated. Some examples of responses where both occur follow.

Older person: Ever since my husband died, I've just been lost. I never realized how much I depended on him. It's just been terrible. Nobody knows what it's like. You can't know until it happens to you.

Helper # 1: I can see you're really sad and lonely for him and not sure how to handle everything, but I'm sure you're right. I still have my husband, and I can't completely imagine what it would be like without him.

In this response the helper shares with the older person the view of her situation that the helper has, shares something of her own situation, and admits her limitation of understanding.

Helper # 2: None of us ever fully understands what another person is going through, but I know that after my husband died it took me nearly a year to feel like I was going to be all right. Right now, you're still feeling lost.

Genuineness and self-disclosure can include sharing either our positive or our negative characteristics and experiences. In those instances where we have had experiences somewhat like those of the older persons with whom we are working, it can be appropriate for us to share with them some of those experiences. Positive outcomes can be especially helpful to share, as long as we do not appear to be minimizing the older individual's present concerns or depth of feelings.

Helper # 3: You'll soon pull yourself out of this depression. I lost my husband too, you know, and so I know that time heals all wounds. Pretty soon everything's going to be just fine.

> Even if the helper honestly believes this, these words are poorly timed and tactless. Furthermore, the helper does not seem to be sharing her own experience and feelings in a deep, meaningful way.

SECTION E — RESPONDING WITH RESPECT

Trainees, in their text, are introduced to the Respect Scale and provided with examples of respectful responses. The following activities are designed to provide them with additional practice.

Skill-Building Activities

Rate the following helper responses using the three-level respect scale. Write your answers in the space provided.

1. Older person: My children all want me to sell the house. They say it's too much trouble for me to keep up. The truth is, they don't want to have to do any work on it. They're too busy bowling and running around.

   Helper # 1: Sounds like you're disappointed some with your children's attitudes about the house. ____

   Helper # 2: I'm sure your children have your best interests at heart. ____

   Helper # 3: It seems like you've given it some thought and have a pretty good idea of what's behind your children's idea of selling the house. ____

   Helper # 4: With the way real estate prices keep going up, you should hang on to the house as long as you can. ____

   Helper # 5: Your children all agree, but you don't feel good about their motives. ____

2. Older person: My leg has been hurting so bad, I think I'm going to have to give up being a volunteer. I hate to do it, but I don't have much choice.

   Helper # 1: I'd really hate to see you quit. If I get any ideas that might help, I'll sure get in touch with you, but I imagine you've probably already thought of every possibility I can think of. ____

   Helper # 2: We would certainly miss the good work you do here. I sure hope you can find a way to stay with us. I'd be glad to do anything I can to help. ____

   Helper # 3: You're afraid you may have to drop out of the program because your leg's getting too bad. ____

   Helper # 4: Where there's a will there's a way. If you really want to do this work, you can. ____

   Helper # 5: You promised that you would work at least a year if you went through the training. I expect you to keep your word. ____

3. Older person: I think that he must have a drinking problem the way he carries on. Nobody in the whole building will have anything to do with him, and I think he should be moved out.

Helper # 1: It's not fair to jump to conclusions. You have no way of knowing if he does or doesn't have a drinking problem. _____

Helper # 2: You'd like to see the situation settled, and you think that moving him out might be a good way to do it. _____

Helper # 3: I know the situation must be pretty serious or you wouldn't make a suggestion like that. _____

Helper # 4: Is there anything you've thought of that I could do to help? _____

4. Older person: Since my husband couldn't renew his driver's license he has just been so depressed and grouchy that I can't even talk to him. I'm worried about him. I've never seen him like this before.

Helper # 1: Not being able to drive was a big loss for him, and you're worried about the way he's reacting. _____

Helper # 2: If you're not able to get through to him, then he surely is discouraged because you're good with people. I'll help any way I can. _____

Helper # 3: Now, you know you take little things and blow them up all out of proportion. Let me talk with him, and I'll see if he's not all right. _____

Helper # 4: You just don't understand how big a loss that is to him. What if you couldn't sew any more. Wouldn't you be depressed? _____

Key to Ratings of Helper Responses — Respect

1. Helper #1 - Level 2
   Helper #2 - Level 1
   Helper #3 - Level 3
   Helper #4 - Level 1
   Helper #5 - Level 2

2. Helper #1 - Level 3
   Helper #2 - Level 3
   Helper #3 - Level 2
   Helper #4 - Level 1
   Helper #5 - Level 1

3. Helper #1 - Level 1
   Helper #2 - Level 2
   Helper #3 - Level 3
   Helper #4 - Level 3

4. Helper #1 - Level 2
   Helper #2 - Level 3
   Helper #3 - Level 1
   Helper #4 - Level 1

SECTION F — GIVING INFORMATION

This section can be used to stimulate discussion about the role of information giving for professional counselors, as well as for helpers, and can help clarify the differences in roles between the two. Specific discussion questions might include the following: Discuss the relationships between giving information and giving advice. Can giving information be interpreted as advice giving, especially in the examples in the text?

SECTION G — FEEDBACK AND ASSERTIVENESS

In a supervised classroom setting, service providers can be encouraged to experiment with the use of feedback. The instructor may provide some examples and discuss trainee responses.

SECTION H — SPECIAL PROBLEM SITUATIONS

The following example can be used to supplement the example given in the corresponding part in the text.

> Older person: I'm so unhappy I just don't know what to do. I don't think there is anything to be done. It's just going to get worse. I suppose they will just have to put me away someplace.
>
> Helper #1: You really feel like it's hopeless and that there's nothing that's going to help, but I can think of some things that I believe really would help, and I feel that it's not really as hopeless. What I wish we would do right now is talk more about some of the things that you could do that would help you to get along better where you are now.

This older person clearly recognizes a problem and is willing to discuss it to some extent, but assuming the helper's perception is correct, the older individual has been resistant to working on constructive solutions. Sometimes people do tend to bemoan their situations rather than work to improve them. Helper #1's response is a clear example of a helper's assertive response that deals directly with the resistance.

Helper #2: I know that this has really been hard for you and you really feel discouraged, but I know that when you're really sad like this your sons seem to come to see you a little more, and that's really important to you. I'm wondering, do you think it could be that sometimes you feel a little extra sad so they will be sure to keep coming? I'm wondering if maybe you think they'll stop coming as often if you get better.

Helper #2's response is an example of how a helper might respond if he or she suspected the fear of losing a secondary gain (in this case, the sons' added attention) as a reason for resistance to help and getting better. A well-established helping relationship is important in these kinds of responses in order for them to decrease rather than increase defensiveness and resistance. When such responses are made in the context of a warm, respectful, empathic relationship, they can be very constructive.

Additional Learning Activity

Have trainees consider and discuss the following questions:

a. Can you remember a time when you did not want to talk with someone about a problem you had? What was it that led you to have that reaction? How did you feel or how would you have felt and reacted if someone had tried to talk with you about it?

b. Can you remember a time when you worked with an older person who was resistant? What did they do or say that you thought showed resistance? How did you react? How would you respond now? What difference do you think a different response might have made?

Part 2 - Anger

The following questions are suggested for use at the end of the section on anger. They should be helpful in stimulating discussion.

Things to Think About

a. How do different people you know show anger?

b. Think of a time when someone was angry with you.

   1. What did the person do or say that showed anger?

   2. How did you feel?

   3. What did you say or do in response to the person's anger?

   4. How else might you have responded?

   5. What might have been a more helpful response?

c. What kind of ways do you use to show anger, and how does this relate to the ideas presented in Unit III.

Part 3 - Dependence

Examples of responding to dependent older persons are given below. These are available to supplement the examples given in the text.

a. Older person: I think I can get acquainted with everybody soon enough. I can make it on my own. I won't need any special introductions or anything.

   Helper #1: That's fine then, Alice, I'll leave you alone. If you decide later there's something you want me to do, let me know.

   > Accepting the older person's expressed preference to make it alone is not only respectful, it does not encourage dependence. The helper leaves the idea of help a possibility but does not push it and offers it only if the older person takes the lead to identify and request it.

   Helper #2: It's going to be harder to meet these people than you think. You better let me take you around and introduce you to everybody.

   > Even if people are hard to meet, this response tends to reduce the older person's responsibility for herself and encourages dependence. This response is low in respect because it shows a low opinion of the older person's ability and denies her right to try what she wants to try on her own.

b. Older person: I just don't know what to do. Should I loan Billy the money or not? If I do, my daughter will be madder than blazes at me. I trust you. Tell me what to do.

   Helper #1: I think it's your money and if you want to loan it to your son, that's between you and him and not any of your daughter's business.

Avoiding the responsibility for decision making is one form of dependence. When people can get helpers to make decisions for them (or make statements such as Helper #1's response, by which the helper accepts some of the responsibility), the helper is supporting dependent behavior. Helper #1's response might be a genuine expression of the helper's view, but it also implies a lack of confidence in the older person's ability to assess all the relevant factors and arrive at her own decision.

Helper #2: I can tell that you'd like to please both your children but you are afraid that's not going to be possible. You may be right about that, but I'm sure that whatever decision you end up making after you carefully think about it will be a better decision than I or anybody else can make for you.

To the extent that we as helpers do not generally believe what was just said in the helper response above, we are likely to encourage dependence. This statement is high in respect because it expresses confidence in the older person's competence and demonstrates a recognition of the individual's responsibility to make her own decisions. Such responses support older people in their independence and self-reliance and guard against unnecessary dependence.

The following questions are suggested for student self-exploration and class discussion:

- Who are some of the people with whom you have an interdependent relationship?
- Who are some of the people who are more dependent on you than you are on them?
- How do you decide when people are more dependent on you than they need to be? Or more dependent than you like for them to be?
- What sort of things have you done or said that encouraged reasonable dependence? Overdependence?
- What relationship do you see between the ideas in Unit III and dealing with dependent older persons?

SECTION I — ADDITIONAL MATERIALS AND ACTIVITIES

Additional materials will be identified here and suggestions made for their use, but they will be printed separately to facilitate duplication and use with groups.

Part 1 - Don'ts and Do's

These are suggested as a possible handout. They could be useful as a discussion or review activity for the unit.

Part 2 - Stimulus Statements

These are useful for additional practice by trainees in making up responses to the types of statements helpers are likely to hear. They are recommended for practice in spontaneous oral responding.

Part 3 - Trainee Evaluation and Practice Exercises

Sample older person statements are provided that are suitable for practice by trainees in making up and writing different types of responses (paraphrasing, reflection, etc.). These are also useful for evaluating and providing feedback to trainees about their responses and can be used for class or small group discussion.

Part 4 - Role-Play Situations and Role-Play Feedback List for Service Providers

Situations are presented for use in demonstration or practice activities in a group setting. It is recommended that the situation be role played in triads with one person designated the older person, another the helper, and the third an observer-rater. The feedback list is for use as an aid to those serving as observer-raters or for self-rating.

REFERENCES

Some of the readings suggested for further study exceed the interest level of usual paraprofessional-level service providers. It is suggested that trainers select readings from this list and from their own knowledge that seem appropriate to a particular group or individual.

Some Don'ts and Do's of Effective Communication

Here are some hints to keep in mind as you work on being an effective helper.

- Don't assume that it is your responsibility to decide what other people ought to do.
- Do assume that people are responsible for making their own decisions, although you may help them think through their concerns and get needed information.

- Don't assume that you can think of solutions to other people's problems in just a few minutes when they have been unable to find a solution after days, months, or even years of thinking about them.
- Do assume that if you can think of a solution, the older person may have already thought of it and dismissed it for some good reason a long time ago.

- Don't underestimate people's abilities.
- Do recognize their ability and potential as well as their limitations.

- Don't expect to be able to help everybody.
- Do be ready and willing to refer people to other helpers when necessary.

- Don't be superior or judgmental.
- Do be genuine, but combine genuineness with respect, empathy, and warmth.

- Don't make promises you cannot keep.
- Do be as optimistic as reality permits you to be.

- Don't threaten people.
- Do be honest in sharing your concerns about possible results of older persons' behavior.

- Don't argue.
- Do be constructively assertive.

- Don't burden older persons with your personal concerns.
- Do say things about yourself when doing so would build your relationship or be helpful to older persons.

- Don't blame older persons for their problems.
- Do help older persons discover how they may be adding to their own difficulties.

- Don't assume that you always know what the older person means or how he or she feels.
- Do paraphrase or reflect feeling when you're not certain of your understanding or empathy.

- Don't assume that older persons always know you're understanding or empathic.
- Do demonstrate understanding and empathy by what you say or do.

- Don't ask questions to satisfy your curiosity.
- Do ask questions when you don't understand what the older person is trying to convey.

- Don't pretend you understand or have knowledge you do not have.
- Do be genuine. Admit your limitations.

- Don't talk about other older persons with whom you are working.
- Do keep confidential what people tell you.

- Don't expect that everyone who wants help will directly ask for it.
- Do expect that if you give advice, it may be ignored.

- Don't expect that taking your advice will necessarily be helpful.
- Do expect advice to sometimes make things worse. Sometimes older people will wish they had not taken your advice, and you will wish you had not given it.

- Don't think words are enough.
- Do pay attention to the way you look and what you do.

- Don't expect that you can be a helpful service provider if you do not know useful information.
- Do expect to learn and keep learning relevant information about the kinds of needs and services important to older people.

- Don't think your cheerful attitude and smiling face can make people's worries melt away.
- Do remember that cheerfulness and smiling are nice, but sometimes shared worry and concern are more appropriate and helpful.

- Don't think that you can always be a good helper because of a little training experience and by wanting to be good.
- Do realize that increasing self-awareness and continuous practice and self-evaluation are necessary for all helpers.

- Don't expect the older persons with whom you work to assume that you care about them and can be trusted.
- Do expect honest caring and concern to sometimes be doubted, tested, and even rejected—as well as sometimes accepted and returned.

- Don't expect to help people by doing all the talking.
- Do remember that listening can sometimes be your best way of helping.

- Don't think that you always know what is important and needs to be discussed.
- Do make it easy for older persons to talk about what is on their minds, what is important to them.

- Don't expect to learn much from books about the needs of the older people with whom you work.
- Do expect to learn about the needs of the older people with whom you work by looking at and listening to them.

- Don't expect to be very helpful to others when you are preoccupied with your own concerns.
- Do spend time attending to your own needs in order to be a better helper to others.

Stimulus Statements

Use these statements for additional practice in making up different types of responses (paraphrasing, questions, reflection of feelings) and for starting role-play sessions.

1. Woman speaking of her recently deceased husband: Usually I wouldn't say this to anyone, but the truth is, I don't really miss my husband all that much. We really didn't have that much of a life together. He was just sort of there, but I can't say it's been as hard for me to adjust as it has been for some.

2. Man speaking of his recently deceased wife: I'm glad she's gone. She just bitched at me all the time, and I'm better off without her.

3. Woman speaking of her recently deceased husband: I know it was a blessing that he didn't linger any longer. He just suffered oh so much. You couldn't believe how much pain he was in those last few weeks, and there was just nothing they could do about it, but I miss him so much it's just more than I can bear.

4. Man discussing family relations and vacation plans: Next summer I think we'll go to Maine. It's a long trip from here, but we went there once when the kids were little, and we really enjoyed it. I think it might help cheer my wife up if we went back there.

5. Woman babysitting her grandchildren: When I first agreed to babysit for my grandchildren I thought it would just be for a little while 'til they could find a regular babysitter. But now it's been almost a year, and it's starting to look as if I'm the regular babysitter. I didn't mind for a while, but now I don't know how to get out of it.

6. Woman speaking at a meal site: I think people don't mean to be rude, but it bothers me when we have a guest like today and everybody just keeps on talking and doesn't even half listen to what the woman has to say.

7. A volunteer at a senior center speaking: Working down here is just the best thing that ever happened to me. Since I've been coming here I've been feeling better and have more energy and everything. I just wanted you to know that I really appreciate your help and that I'm really glad to be here.

8. A volunteer at a senior center speaking: This place is just gone to the dogs. We used to have a lot of fun and a lot of things going on. Now hardly any of the main people ever come regular anymore. We've got to breathe some new life into this place.

9. Woman at senior center speaking: This is the third time that nurse hasn't been in when she was supposed to be. You know I'm supposed to have my blood pressure checked, and I don't know what to do if she's going to be missing all the time.

10. Woman at a meal site speaking: I don't want anybody else here to know about it yet, but I'm going to be getting married. When I do I'll probably have to drop out of this program because we may decide to move.

11. My sister always did try to boss us other kids around. She used to get by with it, but here lately I just haven't taken anything off her. I'm tired of her acting like she knows everything, and she just better watch what she says to me or I'll tell her off good.

12. I just don't understand all this senseless vandalism. Why do people want to just tear things up for other people? Just the other day I read where a bunch of kids had torn up a cemetery, turned over the headstones, and done all kinds of damage.

13. I think Mary means well, but she is just turning everybody against her. She thinks that because she can do all that extra work, all the rest of us should do it too. But she's better off than the rest of us, and she should realize that we can't do like she can.

14. I think you should tell everybody that we need to get organized for some political action. If we don't start the pressure on these politicians, we're just going to lose everything we've got.

15. Tom has been going around trying to get people to sign that petition of his to get that new constitutional amendment passed. Some of us don't think it's right for him to be doing that around here, and we think that you should talk to him about it.

16. Woman speaking of her husband: You'd think that a man his age would be grown up, but he still is like a little kid sometimes. If he doesn't get his way he just throws a tantrum and gets all out of control. It's really ridiculous.

17. Man speaking of his wife: Since Mary went into the nursing home our children go over there all the time to see her. Sometimes I wonder why they didn't come to see her more when she knew better what was happening and really missed seeing them.

18. First it was my foot started hurting, then my stomach trouble, and now my back has gone bad. If it's not one thing, it's something else. It's not any fun getting old.

19. I'm feeling really good ever since that operation. If I'd known what a difference it would make, I'd have had it done a long time ago. People really shouldn't put off going to the doctor when they don't feel good.

20. You've probably never been sick a day in your life, but believe me, when you get to be my age, you'll have your share of trouble. I always took good care of myself, but now I'm just falling apart.

21. The doctor hasn't said so, but I think he believes I have cancer. I could tell he was holding something back because he seemed in a big hurry for me to get in the hospital for tests. I wish he'd just tell me what he thinks it is.

22. At the risk of sounding like I'm just not with it, I must say this new music is just not music at all to me. I never heard such noise in all my life. If my grandson thinks I'm going to give him any money to spend on that junk, he's wrong.

23. It seems to me that people don't appreciate how wonderful things are. Older people now have it a lot better than they used to have it. All these programs we have never used to exist. I remember when there was no Social Security.

24. Grandfather speaking: When I was a kid, I thought I had all the answers too, so I can understand how my grandchildren think, but what I can't understand is why my son lets them talk to me the way they do.

25. Wife speaking of her terminally ill husband: I know he'd get good care in the nursing home, and my daughter insists that we should put him in. It's just that he was always so afraid of ending up in a nursing home. I think he dreaded that more than anything else in his life.

26. I know lots of people dread going to a nursing home, but I'm looking forward to it. It's just going to be a relief not to have meals to worry about and all that work. It's going to be a lot easier for me.

27. When they told us that I had cancer, my husband thought that I was just going to give up, but I didn't. Now the doctor says that I don't even need to come back to see him for a year, and I feel just fine. I surprised them all, and I've learned never to give up. No matter how bad it looks, you can't ever give up.

28. Recently married man speaking: When you get all of my grandchildren and all my wife's grandchildren together, it's a regular circus. But we love it, and next Christmas we'll have the time of our lives. I'm going to get a Santa Claus suit and see if I can't surprise everybody.

29. Terminally ill man: I've seen a lot worse things than dying. Death doesn't scare me at all, but I do hope it won't drag on too long. I don't want to be kept alive if I'm not alert and able to enjoy things.

30. I've seen some brazen things in my day, but that woman takes the cake. The way she flirts with the men around here is just sickening. I think she is half crazy, and somebody ought to straighten her out.

31. Older woman speaking of her children: There's an old saying that a mother can take care of 12 children, but 12 children can't take care of one mother. That's just how I feel. Even though I have just 4 children instead of 12, they just aren't much help. I'm really on my own.

32. Older woman speaking of her still-older mother: There's an old saying that a mother can take care of 12 children, but 12 children can't take care of one mother. That's just what our situation is. There are 4 of us brothers and sisters still living, but all of us together can't take care of mother. She causes more trouble and is more stubborn than anybody could imagine. She just won't cooperate on anything we try to do for her.

33. Woman speaking: If my ankle doesn't get better, I won't be able to dance on Thursday. It will be the first time I've had to miss.

34. Woman speaking: I thought I had me a regular dance partner, but last week he told me he was getting married and would be bringing his wife to the dance.

35. Woman speaking: I'm really enjoying the dances. There's only one problem. There just aren't enough men, so some of us have to take turns being men. We have some signs we wear that says 'man' so you can tell.

Trainee Evaluation and Practice Exercises

For the following older person statements, make up and write out different types of responses as indicated.

1. Older Person (man speaking of his recently deceased wife): I always knew that the time would come when one of us would be left alone, but I always figured I'd go first. Men usually do, you know. I'm just not ready for this. I don't see how I can get along.

   Paraphrasing Response:

   Reflection of Feeling Response:

   Open-Ended Question:

2. Older Person: Every summer we go to Colorado so my husband can go fishing. I don't like fishing much, but I don't mind it because it's the one big thing he looks forward to every year.

   Paraphrasing Response:

   Reflection of Feeling Response:

   Open-Ended Question:

3. Older Person: Ever since I retired I've been wanting to go to Arizona just to see what it's like down there, but my wife doesn't want to go anywhere. All she wants to do is play cards with her bridge clubs. Every day she plays cards.

   Paraphrasing Response:

   Reflection of Feeling Response:

   Open-Ended Question:

4. Older Person: Our children are very good to us, but sometimes I think they believe we are too old and decrepit to do anything for ourselves. Do you think we should just start telling them to mind their own business?

   Paraphrasing Response:

   Reflection of Feeling Response:

   Open-Ended Question:

5. Older Person: This meal site is a good deal. The food's not too bad, and the company's pretty good. But I don't see why some of these people don't ever want to do anything.

   Paraphrasing Response:

   Reflection of Feeling Response:

   Open-Ended Question:

6. Older Person (man at senior center): I'm afraid I'll not be coming in much anymore. It's getting so hard for me to get around that I'm going to have to give up some of these trips, but I sure hate to give it up.

   Paraphrasing Response:

   Reflection of Feeling Response:

   Open-Ended Question:

   Closed Question:

7. Older Person (widower speaking): With interest rates getting so high, I've been thinking that this might be a good time to sell my old house and put the money in savings. I don't need all that place just by myself. What do you think?

Paraphrasing Response:

Reflection of Feeling Response:

Open-Ended Question:

Closed Question:

8. Older Person: If Elizabeth would do a little more to help herself, I wouldn't mind doing more for her. But I swear she just sits back and figures up things for me to do, and it's getting mighty old, if you know what I mean.

Paraphrasing Response:

Reflection of Feeling Response:

Open-Ended Question:

Closed Question:

9. Older Person (mother speaking): I hate to say this, but my son just has not turned out too good. I'm afraid that he took after his father too much. The last thing I heard from him, he was going to jail. You just don't know how a thing like that can hurt.

Paraphrasing Response:

Reflection of Feeling Response:

Open-Ended Question:

Closed Question:

10. Older Person (Mother speaking): I don't know what I would do if it wasn't for my children. They are just wonderful to me and do everything in the world for me that they can. I wish everybody could have such nice children to take care of them.

Reflection of Feeling Response:

Open-Ended Question:

After completing possible responses to the above statements, rate each of your responses in terms of the respect level.

Role-Playing Situations

Divide the class into groups of three and designate one of the three as an older person, another as the service provider, and the third as the observer-rater. After each situation, rotate roles so that each person in the group gets to be older person, observer-rater, and service provider for each of the different situation types listed below.

Each person in the group should make up at least one role-play situation of each of the following types:

a. The older person is dependent and is trying to get the service provider to do something for him or her that the older person could do alone.

b. The older person expresses strong views about something concerning which the service provider is likely to have different views.

c. The older person expresses anger or disappointment towards the service provider.

d. The service provider must express to the older person his or her concern about the older person's behavior or plans.

e. The service provider must provide information to the older person.

f. The older person is resistant to accepting help that the service provider believes he or she really needs.

g. The older person is expressing strong feelings of sadness or regret.

h. The older person is expressing strong feelings of satisfaction or happiness.

i. The service provider must self-disclose.

After brief role-playing, the "service provider" should obtain feedback from the "older person" and "observer-rater" and should assess his or her own performance in relation to the items relevant to the role-play. Use of the Role-Play Feedback List for Service Providers is recommended as an aid for getting feedback and for self-rating.

Role-Play Feedback List for Service Providers

Skills	Observations
Body positioning	
Eye contact	
Paraphrasing	
Appropriate timing	
Accuracy	
Naturalness	
Questions	
Leading — loaded	
Open — closed	
Reflecting feelings	
Appropriate timing	
Accuracy of reflections (levels)	
Self-disclosures (how proper)	
Genuineness	
Respect (levels)	
Giving information	
Appropriate timing	
Accuracy and clarity	
Feedback to client	
Appropriate timing	
Constructiveness	
Assertiveness	
Appropriate timing	
Constructiveness	

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UNIT VI

SPECIALIZED TECHNIQUES TO HELP OLDER PEOPLE

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The Continuum Center for Adult Counseling and Leadership Training at Oakland University, Rochester, Michigan, provides individual and group counseling to men and women from young adulthood through old age as well as training for adult counselors. A special unit of the center focuses on the needs of older people by offering group counseling, training people over 55 as peer counselors, and training service providers who work with older people in counseling skills and gerontological information.

UNIT GOAL

The primary goal of this unit is to provide the trainer with supplementary training tools to make training sessions personally more involving and meaningful for trainees. A second goal is to provide material about group work suitable only for more advanced trainees.

Focus of Materials for Trainers:

- additional knowledge of subject matter
- supplemental activities and instructions
- additional skills, techniques, and knowledge for advanced trainees

INTRODUCTION FOR THE TRAINER

Almost all service providers who work with older people are asked for advice or informal helping. While service providers and paraprofessionals are not trained sufficiently to provide counseling per se, they can be helpful to older people if they are taught some communication skills and applied helping techniques.

This unit is intended to provide information to you as a trainer for use in helping service providers broaden their repertoire of helping skills. It includes additional information and activities to supplement the material provided in Unit VI of the Basic Helping Skills text, as well as a section on group work with older people that has no counterpart in the text.

Much of the material included here is designed to help service providers personalize the information they have received. It encourages discussion of feelings as well as thoughts about working with older people. Portions of this unit are adapted from Gerontological Counseling Skills: A Manual for Training Service Providers developed by the Continuum Center at Oakland University under a grant from the National Institute of Mental Health, (Waters, Weaver, & White, 1980).

SECTION A — ESTABLISHING RELATIONSHIPS AND INTERVIEWING TECHNIQUES

Part 1 - Establishing a Good Relationship

One way to help trainees understand the difficulties involved in asking for help as well as the characteristics of an effective helper is to have them engage in a mental imagery activity.

Ask trainees to close their eyes and think of a concern they have at the present time. Assure them that they will not have to talk about their problem or concern with anyone, but ask them to be aware of their thoughts and feelings as they imagine asking for help. Allow a minute or two of silence. Ask trainees then to open their eyes and volunteer some of the worries that come to mind as they imagine asking for help. As these barriers are enumerated, write them on the board or on posterboard.

Typical barriers include: They might think I'm silly; I should be able to handle it myself; I don't want to waste someone's time; Maybe the problem will just go away; I'd be embarrassed; I don't want everybody to know; and so forth.

Then ask trainees to close their eyes again, to mentally sort through the people they know, and to select the one person with whom they would feel most comfortable discussing their problem. After they have had time to think, ask trainees to open their eyes and call out the major characteristics of the person they have selected.

Typical characteristics include someone who: is nonjudgmental; will keep confidences; will not laugh; will take time; will take it seriously; will not be upset by it; has some relevant knowledge or experience.

In concluding this discussion, have the group look over the lists of barriers to asking for help and characteristics of effective helpers. Discuss the process in terms of the socialization messages the group has received. (e.g., Smile and the world smiles with you, cry and you cry alone. Don't burden others. Don't pry.) Remind the group that every time someone comes to them for help, they each have gone through a similar procedure in deciding to seek help.

Another way to obtain information on the kinds of relationships that are important to older people is to ask them. You or your trainees may find it interesting to interview a number of older persons in order to find out which characteristics they believe are most important in service providers. To do this, ask questions such as What are the qualities in a helper that you find most helpful? What qualities in a helper make it difficult for you to seek their help? What type of information do you expect a service provider to have? Open questions of this type will allow older people to express themselves more freely. It may be very interesting to have a panel of older people talk to your training group about the joys and frustrations of being older, as well as about their expectations of service providers.

Part 2 - Interviewing Techniques

This section of the unit is designed to help service providers use questions more effectively both to obtain necessary information and to help older people. A theoretical rationale for the use of questions, which is too sophisticated for most service providers but may be of interest to trainers, is provided in the works of Bandler and Grinder (1975) and Grinder and Bandler (1976). These books discuss the ways in which people organize knowledge and present it to the world. More specific suggestions on types of questions that may be helpful can be found in Benjamin (1969).

In the Basic Helping Skills text, a suggestion is made that service providers listen carefully to what older people say and become aware of missing information. The missing information is often erroneously filled in by the listener, leading to confusion and perhaps inappropriate responses. Becoming aware of such omissions prepares the service provider for posing appropriate questions. To help trainees understand what is meant by missing information, it may help to put a chart such as the following on the board when discussing interviewing techniques. The sentences in the first column are examples of statements that people often make without recognizing that information is missing. Trainees may be given an example of the types of information in all three columns, then given the sentences in Column 1 only and asked to brainstorm missing information and suggested questions.

Sentence	Missing Information	Suggested Questions
1. My father was angry.	My father was angry when; my father was angry about what?	What kinds of things made your father angry? When was he angry? At whom?
2. This experience is boring.	This experience of what, when, with whom is boring to whom, when?	What about this experience do you find boring?
3. I have a problem.	The nature of the problem, with whom, when, where?	What is your problem? With whom?
4. Communication is hard for me.	Communication about what, with whom, when?	What kind of communication is hard for you? Under what circumstances?

If trainees are to maintain and sharpen their skills, it is important for them to have ongoing practice and evaluation. If you are available to provide ongoing supervision, that is clearly an asset. If that is not possible, they can still practice and evaluate themselves, if you have helped them learn self-evaluation skills.

Service providers interested in upgrading their interviewing skills can practice with a colleague or friend and tape record their interviews. One person, acting in the role of an older person, starts by making a statement about a real problem he or she is having. (Note that if the situation is "canned," it is difficult for one to learn helping skills.) The person being the helper responds using reflections, questions, or whatever techniques seem appropriate. After 10 to 15 minutes of discussion, trainees should replay the tape, stopping to evaluate responses made by the helper. The helper can evaluate his or her own responses and get feedback from the partner on what was and what was not helpful. If you are available to review some of the tapes, that will provide valuable additional training.

SECTION B — ASSERTIVE TECHNIQUES

Part 1 - Being Assertive with Others

The Basic Helping Skills text gives the example of being assertive with the use of I-Language Assertion (Lange & Jakubowski, 1976). It can be made clearer if it is discussed and practiced in a workshop setting.

In introducing the technique of I-Language Assertion, it is helpful to explain that it is a rehearsal strategy designed to help people think clearly in advance about a bothersome situation. The technique is useful when you want to talk to someone about something that has been troubling you, or when you anticipate that a situation may arise that will necessitate confrontation. The six-step model is a specific tool for identifying the issues involved, not necessarily a formula to be used in the actual situation. Explain the steps of the model, giving examples of each one. (Step 5 can be eliminated and was not included in the Basic Helping Skills text.)

1. "When...." — The first step involves objectively and nonjudgmentally describing the behavior that is causing the problem (e.g., When you come to visit me and suggest I put up handrails.... (Not: When you start nagging me the minute you get here....)

2. "The effects are...." — The second step involves describing what it is you do in response to the other's behavior. (I leave the room; I resolve never to put up handrails; or I stop listening to you, and we don't have any positive communication.)

3. "I feel...." — Describe your feelings as closely as possible. (I feel hurt and sad that you don't trust me.)

4. "I'd prefer...." — Ask specifically for a change in the other's behavior or state what behavior you intend to change. (I'd prefer that you let me take these risks; I'd prefer that we talk about the good things that are happening in our lives; or I'd prefer that I plan my own ways to make my house safer.)

5. "The consequences will be...." — Make the consequences explicit, positively or negatively. (I'll invite you over more often if the visits are pleasant; I'll work at being more cheerful when you come; I will be more assertive and ask you not to bring up the subject.)

6. "What's your reaction?" — Ask how the other person feels or thinks, or attempt to determine his or her response. A further step would be to ask, Can we talk about a different way to handle this?

To illustrate how this procedure can be used, a description follows of an experience one of our staff members had in confronting an older person. It is included as an example of a confrontation that had a positive outcome. Step 5, which is optional, is not included in this example.

Susan's mother-in-law lives in a nursing home. Susan loves her very much and feels concerned about, and partially responsible for, her welfare. Last fall her mother-in-law began telephoning between 6:00 and 7:00 in the morning. She would be upset and ask Susan to come right away. Susan was always the one who leaped out of bed at the first ring. Her husband would say, "It's only mother, don't answer it or she'll keep this up," and he would pull the blankets over his head and go back to sleep. Susan felt compelled to answer and usually suggested to her mother-in-law that she call the nurse because Susan did not want to visit at that hour. She would then go back to bed upset, resentful, and guilty.

Susan finally decided to confront her mother-in-law, but she had to go through much self-confrontation first. She asked herself, Why do I feel responsible for answering the phone? Why do I feel guilty because I won't go? Why do I feel angry with her when she is so frail and helpless? After much soul searching, Susan decided to use I-Language Assertion in the following way.

Step 1. When you telephone before 8:00 in the morning....

Step 2. The effects are I leap out of bed, my heart is pounding.

Step 3. I feel worried and anxious about you and then guilty when I don't go when you call.

Step 4. I'd prefer that you call the nurse when you awaken feeling bad or frightened.

Step 5. What's your reaction?

As sometimes happens in confrontations, one person reacts strongly. That's what happened to Susan. Her mother-in-law said "I'll never call you again. You don't want to be bothered with me anymore." Then she cried. Susan remembered her training about receiving confrontation, by responding assertively, and repeated the essentials of what her mother-in-law had said, reflecting her fear and hurt. Then she said "I do want you to call, but after 8:00. It is true that I sometimes feel you are a bother, but I love you and I want to help you." At that point Susan was shedding some tears of her own. She then asked "What do you hear me saying?" Her mother-in-law was able to hear some of the love.

Later on, Susan gathered more information by asking the nursing staff about the medication. She suspected that some of her mother-in-law's early morning problems were connected to her medication schedule. She learned that only the day shift gave medication, so she requested that the night shift give the medication to her mother-in-law before they went off duty. They agreed, and it proved to be a simple solution to what had seemed a serious problem. Susan also volunteered to call her mother-in-law in the morning after she got up. Susan felt that while this confrontation produced a lot of anxiety and some tears, it gave both of them the opportunity to express their mutual love and appreciation. It also enabled them to discover a problem connected with the medication.

This is an unusual situation in that Susan spent a lot of preparation time thinking through the problem. In addition, she picked a time to do it when both she and her mother-in-law were feeling pretty good, when they had enough time to deal with it, and they could talk face-to-face. These components are all things that are most likely to enhance the outcome of a confrontation.

Part 2 - Responding to Others Assertively

Learning to receive confrontation nondefensively also requires practice because it is not easy. To help trainees understand this technique, ask each one to think about a statement someone might make that would be confronting to them, or difficult to respond to. For example, You've never even been married; how can you understand what it's like to be widowed? Or, You always seem preoccupied when I want to talk with you.

Ask trainees to write out a similar type of statement that might be relevant for them. Again working in pairs, when that is possible, have them exchange written statements. Person #1 is to read Person #2's statement, and Person #2 is to respond with one of the suggested techniques, such as reflecting or asking clarifying questions, described in the service providers' text. Person #1 then gives Person #2 feedback on what was said and the manner in which it was delivered (tone of voice, facial expression, etc.). Repeat the process, with Person #2 now reading Person #1's statement.

Part 3 - Helping Older People Be More Assertive

To help service providers understand and be able to use this model, you may want them to identify a problem they are having currently with an older person or co-worker. Encourage them to think about what they could say to that person and to write it out using the steps in the model above. After they have written their personal example and assertive confrontation sentences, ask them to practice saying it to a partner. The partner should then give feedback to the speaker on both the words said and the manner in which they were delivered.

SECTION C — THE LIFE REVIEW AS A HELPING TECHNIQUE

The text for service providers briefly explains the value to older people of reviewing their lives. For more detail, the trainer is encouraged to read the references by Butler (1975) or Butler and Lewis (1977). In order to help trainees personalize the process, as well as learn a simple procedure for conducting life reviews for others, have them engage in the following activity. This approach can be used with individuals or in a small group. When the activity is done in a group, it brings a sense of closeness among the group members. It is best not to do this activity unless you have adequate time (a minimum of 10 minutes a person) to listen and respond to the persons who are present.

Mental Imagery

Whether you are working with one person or a group, this activity probably will be more effective if you ask people to close their eyes. (Closing their eyes makes some people dizzy, so be sure to check that out.) When the person or people are comfortable, say some words such as:

> I'm going to ask you to think back over your life to the people and events that were most significant to you, those things that made you what you are today. Think of yourself as a child. (Pause) Remember the people and events that were most significant to you then. (Allow about 30 seconds. Keep a moderate pace and tone of voice. Do not rush through this activity. If you rush, people may give up the attempt to reminisce, or may become anxious and lose their train of thought.)
>
> Keeping your eyes closed, move now to thinking of yourself as a young adult. (Pause) What were the significant events and people at that time of your life? (Pause) Now think of yourself in middle age. (Pause) What were the significant events and people at that time? (Pause)
>
> Think now, if you would, about the most significant people and things in your life right now. (Pause) You are now leaving those memories and coming back to this room in _______________. (It is important, as in all fantasies, to bring persons back to a reality base.)

Ask the trainees to talk about the things they recalled that were significant to them, leaving out unimportant details. Be alert for recurring themes in their lives. Since the life-review process is often helpful in getting a hindsight perspective, look for the personal qualities that helped them survive and from which they can still draw for use in the future.

If you are working with an individual, you can just talk about his or her recollections, reflecting statements and asking open questions. If you are operating in a class or group setting, people should report one at a time. Have the group members divide into pairs or small groups. Be sure the time is divided equally among members.

After completing this activity with trainees, you might discuss the process because trainees sometimes get caught up in the content of the life reviews and lose the larger perspective. A summary discussion brings the focus back to life review as a helping technique.

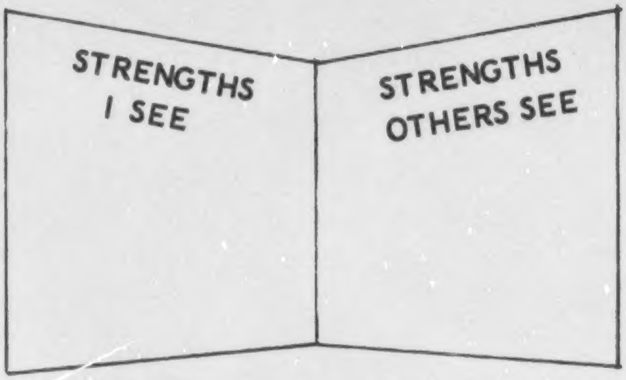
SECTION D — BUILDING SELF-ESTEEM

In this section of the text a few remarks are made about the importance of support systems. For more information on the subject see Unit VIII of this manual and Caplan (1974).

Part 1 - Identifying Strengths

A nice way to build self-esteem in a group setting is with the Strength Bombardment Exercise. This activity, adopted from McHolland's Human Potential Workbook (1972), reinforces personal strengths and encourages positive feelings among group members. It is also an excellent way to end a group. (See later section on terminating groups.)

If you wish to use it in a group, distribute a piece of newsprint and a crayon to each participant. Ask them to fold the newsprint in half, and to write Strengths I See on the left side of the fold and Strengths Others See on the right side.



In introducing this activity, it helps to acknowledge the difficulty many people have in bragging about themselves. Trainees should forget about messages they received such as Don't brag, or Be modest. Ask trainees to make a list on the left side of the paper of strengths, preferably using single words such as friendly, religious, or hard-working, rather than sentences.

When everyone has finished a list, ask one person to volunteer to post his or her paper on the wall and to read the strengths listed. Ask that person to stand, or sit, near the paper. Then, invite other group members to come up and write down, on the right side under "Strengths Others See," strengths that they see; they can also reinforce those already listed. In doing this, each group member must stand by the person to whom he or she is talking. As trainees talk about the strengths they see in an individual, it is helpful if they give examples of when that quality was displayed. For example: Jane could write the word considerate on John's sheet and say: "John, I think you are a very considerate person. Several weeks ago when my car wasn't running, you came all the way to my house to pick me up so I wouldn't miss the group. You also mentioned doing shopping for one of your neighbors who was sick."

You may function as a secretary if you have persons in your group who are blind or unable to write. As a leader you may want to write down strengths you have seen in each group member. When everyone who wishes to has written on each group member's list, ask that person to read the list of "Strengths Others See" aloud, stating each item as a personal trait. Thus, John would say, "I am considerate."

At the conclusion of this activity, be sure to give group members their sheets and encourage them to talk about their reactions to the experience. This is also a good time to discuss ways of adapting this activity to meet the needs of handicapped people.

Part 2 - Support Systems and Self-Esteem

To help trainees understand the importance of support systems as related to self-esteem, you may wish to encourage them to think about their own sources of support. Two different methods for looking at supports are suggested here. The first approach focuses on people (or organizations, books, animals, places, etc.) who support you in specific ways at present. The second approach examines supports throughout a person's life. Two worksheets are included here which you may want to duplicate and give to trainees.

In presenting these worksheets as activities, it is usually helpful if you, as trainer, use your own life as an illustration and tell the group about the kinds of supports you need and receive in various categories. This serves both to make the model clearer and to encourage people to personalize the activity. To do this, you will need to have completed the worksheets yourself and be prepared to share the contents of some of the areas.

After trainees complete their own worksheets, ask them to discuss them with another trainee. In this way everyone will have the experience both of filling in a worksheet and also of helping someone else understand his or her worksheet more clearly. Encourage them to consider both the depth and breadth of their support systems; that is, how much help they can draw upon, and from how many people. If they find just one or two names appearing over and over, they may want to think of ways to broaden their base.

Worksheet No. 1

NEEDS ASSESSMENT APPROACH TO SUPPORT SYSTEMS

One way to look at your personal environment is through examining your sources of support. Below, in the first column, a series of possible needs are listed; in the second, the type of support that might meet that need. The third column provides a place for you to indicate your own support to meet this need (e.g., people, books, institutions, places). You may have some blanks, either because you are missing support in these areas, or because you do not have the need. Space is also provided for you to add needs and supports if you wish.

NEED	TYPE OF SUPPORT	YOUR OWN SUPPORT
1. Acceptance	People who like you	
2. Self-esteem	People who know what you can do and will give you feedback, both positive and negative	
3. Love and Physical Intimacy	People you are close to	
4. Work Connections	Contacts and referral agents	
5. Peers	People who are like you (e.g., similar)	

NEED	TYPE OF SUPPORT	YOUR OWN SUPPORT
6. Stimulation and Challenge	"Friendly kicker," pushes and stretches, conferences, books	
7. Role Models	People you want to emulate	
8. Guidance	Mentor or sponsor	
9. Comfort and Assurance	Foul weather friends — can be depended on in a crisis; community organizations	
10. Other		

Worksheet No. 2

SUPPORT SYSTEMS AT VARIOUS STAGES

One way to look at the changes in support systems over time is to focus on your life at different ages. In the first stage of life, most children receive major support from their immediate families. As children grow older, their support systems usually broaden. By young adulthood it often includes friends, school, other interests and may include employment, marriage, and sometimes their own family. By mid-life, some of the old supports are likely to be there, while others will have disappeared and been replaced. For most people, sources of support change throughout their lives.

To personalize this, we suggest you look back over your life.

When you were a young child, who or what made you feel safe and supported?

When you were a young adult, who or what were the major sources of emotional support for you?

At present, who and what are your major sources of support?

As you think of yourself as an old person, who or what do you think will be your major sources of support?

Both methods of explaining support systems can be used with individuals and groups. Group counseling programs provide a structure in which people can evaluate and enrich their support systems. This happens in a variety of ways. Typically, the atmosphere of the group fosters new friendships among participants. In addition, improved communication skills make it easier for people to develop new relationships (perhaps supports) outside the group. As a result of shared experiences, they may discover new interests and receive support for taking steps to translate these interests into activities. Many people have been surprised pleasantly by the number of supports in their lives. Those with limited support systems may begin to think of ways to build new and untapped supports.

Most helpers find it best initially to examine their own sources of support. They realize the importance of finding supportive people within their profession with whom they can share their job satisfactions and frustrations.

Part 3 - Independence, Dependence, and Self-Esteem

Have trainees select one or more homebound older persons with whom they work. Have them describe the person(s) and list the five major problems each has in living independently. Have the class brainstorm ways to deal with each problem and to help the older person live more independently.

SECTION E — ASSISTING OLDER PEOPLE IN SOLVING PROBLEMS

In small groups, have trainees discuss their answers to the skill building activity in this section of the Basic Helping Skills text. Select one example to discuss with the whole class as a group. Ask trainees what they have learned from this activity that they can apply to their work.

SECTION F — THE CHALLENGE OF ADVOCACY

In the section of the service providers' text on advocacy, education is mentioned as a possible arena. Trainees may need more specific suggestions, as well as background information, as to how they can best function in this realm as an advocate for older persons.

For example, in many areas, local or state meetings are periodically held for purposes of planning and coordinating services to older people. You might want to inform and encourage service providers to attend such meetings and, where it seems appropriate, to suggest they volunteer to speak on behalf of the people with whom they work.

You also may want to suggest that they become involved in the activities of local action-oriented groups such as the Gray Panthers or the American Association of Retired Persons (AARP). Keeping your service providers alerted to various meetings would be helpful.

Assertiveness training, which was described briefly in the section on assertive techniques in the trainees' text, is still unfamiliar to many people. If the service providers have not had the opportunity to experience or use it, you may wish to provide such training or refer them to others who can provide it for them. Training in being assertive enhances communication skills, which is particularly appropriate for service providers. It not only helps them in working with others, but it also enables them to help older people be more assertive, particularly when dealing with bureaucracies.

Having contact with different segments of the aging population is a good way for service providers to get a broader picture of the variety of needs that older people have. As an example, trainees who work with frail elderly in a convalescent or nursing home might benefit from getting to know active community-living older people in a senior center. On the other hand, service providers in an educational setting might profit from contact with a nursing home. Arranging "exchange days" would be one way for trainees to gain a broader perspective and understanding of the wide range of older people.

SECTION G—GROUP WORK WITH OLDER PEOPLE

Throughout this unit, various activities have been mentioned that can be used with individuals or groups. Service providers may find groups a cost-effective, time-saving method of helping older persons.

As a trainer, you may want to exercise discretion in the selection of trainees to participate in learning group work skills. Only those service providers who seem to be progressing well in their learning of other skills, and who seem both interested in and capable of learning advanced helping skills, should be considered for training in this area. In addition, providers who do not see older persons in a group setting may benefit more from practicing skills already learned than from learning these new skills, which they may not have the opportunity to use in their daily work.

This section highlights some of the advantages and disadvantages of group work, as well as some of the differences in doing group work with older and younger people. It describes several kinds of groups that can be helpful to older people and concludes with some suggestions on setting up and conducting groups. Trainers interested in groups for older people will find useful information in Burnside (1978) and Gazda (1971).

The Value of Group Work

The following discussion of the advantages of group work with older people comes from both the literature on groups and personal experiences.

Discovery of Common Bonds

It is really important for people to understand that they are not alone, to learn that many others have faced similar experiences and almost all have experienced similar feelings. When a person is in a stressful situation, he or she often feels that the problem is unique. A sense of isolation can get in the way of solving the problem. This discovery of commonalities often brings considerable relief to people who feel they are the only ones facing such complex problems.

Groups as a Laboratory for Teaching Social Skills

In many ways, groups function as a sample of the real world. Within this small world, group members will demonstrate both their skills and their problems in interpersonal relationships. In group situations, members have an opportunity to relate to each other as well as to the leader. In addition, they must relate at the peer level, not just with an authority figure. While the leader can, and should, model effective communications, members need an opportunity to practice communicating with each other. In groups it is easier to focus on the process of communication, on "how" people communicate with each other, not just on the content or "what" they communicate. In order for social skills to be useful across varied situations, members must learn how to communicate, not just what to say, in a given setting.

Learning social skills may be especially important for older people who have to establish new relationships and become part of different groups. In many families, women make most social arrangements. Therefore, widowers whose wives had performed all these tasks may be particularly in need of such skills.

Groups as a Remedy for Loneliness

Loneliness is a common problem among older people who have experienced many losses. Frequently, they have lost the one person or few people with whom they could share their most intimate thoughts and feelings.

We suspect many of you have been in nursing homes or senior centers where you have seen older people sitting very much alone, even though they were in the midst of other people. One of the things a group can do is get people in the habit of talking with each other. Once that habit is established, it can continue after the group has ended. Sometimes friendships emerge from the group programs.

Mutual Help in Groups

In many groups, members are extremely helpful to each other through offering support, suggestions, reassurance, and insights, or through simply sharing problems. Such suggestions may be as simple as sharing information on discount programs for older people or on who to contact for in-home assistance. Being helpful to other people can lead to increased feelings of self-esteem as older persons define themselves in a more positive perspective. Such mutual supportiveness also can lead to a reduction of ageism or group self-hatred. As a result, members may begin to define themselves and their peers as being worthwhile, and thus increase the self-esteem of all members.

Opportunity for Expressing Feelings

Many older people do have much about which to be angry, sad, or frightened, yet they may be reluctant to express their anger, sadness, or fear. Sometimes this stems from worry about fitting the stereotype of a crotchety old man or crabby old woman. In groups, older people can share their complaints, grief, and fears in a safe and supportive atmosphere. The job of the leader, and it can be delicate, is to know when is the best time to turn the emphasis around and help people start taking action steps.

Groups Offer Something to Look Forward To

Since many older people find groups pleasurable, groups scheduled on a regular basis can offer some structure to the week and an opportunity for members to anticipate a challenging and satisfying event. In addition, group members can be inspired by seeing other people who have coped with problems similar to their own and survived. In that sense, groups such as widow-to-widow groups may serve as a cheering section for each other.

Some Cautions Concerning Groups

While groups can be extremely valuable for many people, they are clearly not suitable for everyone. Groups are inappropriate for those individuals who are so preoccupied with their own problems that they cannot listen or respond to other people. Moreover, some people are so concerned about the need for privacy that they are unwilling to discuss personal issues in a group situation. People who cannot understand the idea of taking turns, or have serious difficulty following the thread of a simple conversation, may be detrimental to group functioning and may not themselves benefit from being in the group.

Speaking of the disadvantages of group counseling in general, Gazda (1971) writes:

> It seems possible that the same elements that make for a potent therapeutic climate and force are those that add greater risks to the treatment: e.g., the presence of several counselees in a group decreases the counselor's control and thus subjects the counselees to greater risks of the group's ostracism, pressure, rivalry, breaking of confidence and the like. (p. 47)

Burnside (1978) reports that at a brainstorming session on group work with older people, conferees recommended excluding the following categories of people from group work:

> 1) disturbed, active, wandering persons; 2) incontinent persons; 3) patients with a psychotic depression; 4) patients recommended solely by the staff; 5) manic-depressive individuals; 6) deaf persons; and 7) hypochondriacal persons. (p. 60)

Since many of the people mentioned by Burnside really need group contact, it may be worthwhile to make special efforts to include them (e.g., by having a signer if older people know sign language or encouraging the use of special products so incontinent people do not embarrass themselves).

In working with community-living people, it seems that most people who are inappropriate for groups know that about themselves. It is helpful to schedule an orientation session before beginning groups with older people. Such sessions provide a sample of the way the group will work. This gives both staff members and potential participants an opportunity to make an informed decision as to the appropriateness of the group experience for each person.

Types of Counseling Groups Appropriate for Older People

Clearly, there are a great many different types of groups that may be useful for older people in different situations. The list below is in no way exhaustive; it is intended to give some initial suggestions and a few examples.

a. Preventive mental health or enrichment groups. Such groups can be most helpful as a support for people who generally function well and wish to enrich their lives. The Oakland University Continuum Center's Personal Growth for Older Adults programs, typically held in senior centers, are examples of this kind of program (Waters, White, Dates, Reiter, Weaver, 1979). The SAGE (Self Actualization through Growth Experiences) groups in California have an exciting program that combines gentle exercise and relaxation training with opportunities for creative expression and basic group counseling (Luce, 1979).

b. Assertiveness training groups. Such groups may be very useful for older people who have been fairly passive or overly aggressive and now need to cope with bureaucracies as well as with significant people in their lives.

c. Retirement planning groups. While many individuals and organizations are involved in such activities, most retirement programs lack a counseling component. Counselors can encourage people to think about interpersonal relationships, decision making styles, and alternative career options as well as the more typical concerns of retirement groups such as finances, housing, medical care, and transportation.

d. Reality orientation groups. These are designed for the rehabilitation of people who have experienced memory loss, confusion, and time-place-person disorientation.

e. Reminiscing groups. Earlier in this unit you read about the life review as a counseling technique. Sometimes reminiscence is the sole focus of groups.

f. Self-help groups. In recent years there has been a tremendous growth in the number of these groups, which typically use peer counselors. Generally such groups are convened around a common problem. Thus, we have groups for alcoholics, widows, and victims of particular disease (e.g., stroke victims, ostomy groups, mastectomy groups). The major role of mental health workers in these areas is to offer support and assistance in organizing and training the indigenous leaders.

An emerging need is for groups for children of aging parents. Many people have concerns about how to be helpful to their parents and yet continue to fulfill their other responsibilities. For the first time in our history, we are seeing large numbers of four- and five-generation families. As a result, many people who are in middle age or early old age have responsibilities to people in three other generations. Since this trend seems likely to continue, this will no doubt become a new and growing field.

Differences in Group Work with Younger and Older People

The previously stated values of group work apply, for the most part, regardless of the age of the group members. Those of you who have done group work with younger people may want to be aware of some potential differences in leading groups of older people. First of all, as a leader you may have to work harder to get people to come to the group and to interact with each other than you would in groups of younger people. Frequently, younger people are more comfortable with, and have more energy for, expressing strong emotions.

Because of the sensory losses experienced by many older people, you may wish to limit the size and length of group sessions. One to two hours is maximum, with some opportunity for people to move around within that period. In addition, there should be no more than six people in a group, with a smaller number if members have significant hearing impairments.

While the particular procedures will vary with the type of group being established, here are some general suggestions for people who want to begin group programs. You must consider many nitty-gritty issues such as setting the meeting time, selecting a place to meet, and recruiting members. If you are conducting group programs on an outreach basis, two key factors to consider are the attitude of the staff and the suitability of the physical setting. It is crucial that the site staff be sympathetic to your objectives (e.g., that they try to avoid conflicts in scheduling and provide space conducive to the success of your program).

Hints on Group Management

In the balance of this section, you will find some general suggestions on starting, conducting, and ending group programs for older persons.

1. Selecting a site. Look for a setting that has quiet rooms with adequate lighting, temperature, and seating, and where the acoustics are good and there will be few interruptions.

   Determine accessibility (e.g., available public or private transportation, modifications for handicaps, few or no stairs, nearby parking, convenient toilet facilities).

   Research the availability of the older adult population.

   Look for supportive site staff who understand the concepts of helping and are committed to your program.

   Consider sites such as senior centers, nutrition sites, churches or synagogues, adult congregative-living facilities, and recreation centers (e.g., Parks and Recreation Departments).

2. Method for recruiting.

   a. On Site:

   - personal invitations by site personnel and program personnel
   - speeches, presentations, or workshops by program staff
   - posters
   - announcements in site newsletter and flyers

   b. Off Site:

   - publicity releases to the media
   - brochure releases to agency clientele
   - speeches and presentations at religious and fraternal organizations, and community agencies not directly affiliated with program site.

3. Conducting groups.

   a. Schedule an initial orientation session where people can have a clear idea of what the group will be doing and who will be in charge. With this information, people can make an informed decision as to whether they wish to participate.

   b. Use guidelines that specify group norms so there is no confusion about what is expected of group members.

   c. Involve people early in the program so they have something to relate to. Remember it is their program.

   d. Supply a structured agenda, if you decide to use peer counselors.

   e. Use personal examples as a way of bringing the subject material to life.

   f. Combine large-group time, where everyone meets together, with small-group time, where groups of approximately 6 persons meet in separate areas.

   g. Limit group sessions to one or two hours. Lack of physical mobility or fatigue dictates this limitation.

   h. Encourage talkers to listen more, and the quiet members to speak up. Everyone has something of value to contribute.

   i. Keep the conversation focused on the issue being discussed rather than on the weather, and so forth.

   j. Plan an appropriate ending for each group session.

4. Terminating Groups.

   a. Give all an opportunity to express their feelings about the group's ending and to discuss the next steps.

   b. Provide a quick review of the program to help members focus on their individual learnings and progress.

   c. Consider a planned activity such as Strength Bombardment, referred to in the section on building of self-esteem, as an effective way of terminating groups.

   d. Plan some type of follow-up if it seems apparent that some members have problems or issues that require further help or if they express a desire to continue meeting. Possible next steps include:

- future topic-oriented workshops
- individual attention
- referrals to other mental health facilities
- training of site staff to provide ongoing services.

Throughout this section it has been stated that groups can be valuable in helping older people communicate more effectively with others. A major focus of the entire unit has been on the importance of communication skills in working with older persons. These same skills are appropriate in being advocates for older people, which was discussed in Section F of this unit.

SUMMARY

Unit VI contains comments and suggested activities for providing additional training for service providers to older people. It parallels the Basic Helping Skills text and provides information on group work training for advanced trainees.

Frequently, information received or read remains just that — information — until persons have had the opportunity to experience it on a personal level. Therefore, activities have been included to assist trainers in offering that facet of learning to their trainees. It bears repeating that trainers will need to provide an atmosphere for the possibility of personal learning and be willing to self-disclose at some level.

Advocacy requires the well-directed application of good intentions, and therefore it serves as the final portion of the Basic Helping Skills text, with some additional suggestions for trainers provided in this unit.

Group work has been cited as a viable means of providing much-needed services to older people. Since group work might need a professional's touch initially, it was not included in the Basic Helping Skills text.

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UNIT VII

SAYING GOODBYE: ENDINGS IN RELATIONSHIPS

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UNIT GOAL

The goal of this unit is to give trainers supplemental tools for teaching the skills in the accompanying text. The unit includes additional activities for the trainer to use in helping trainees learn termination skills, advanced techniques for use with selected students, and general guidelines for evaluating trainee responses.

In addition, the unit provides the trainer with specific suggestions on how to use the activities effectively and how to lead group discussions of trainee reactions.

Focus of Materials for Trainers:

- additional knowledge of subject matter
- supplemental activities and instructions
- evaluation suggestions and resources
- additional skills, techniques, and knowledge for advanced trainees

INTRODUCTION FOR THE TRAINER

The basic goal of this unit is to teach students that termination is an important aspect of a relationship and to outline skills and approaches for use in termination. Recognizing that separating from others is uncomfortable and involves unpleasant feelings can help the service provider face the reality of termination rather than attempt to cope by avoiding or distorting the situation.

Much of what is presented in this unit teaches the trainee to be assertive, though it is not so labeled. The basic stance of accepting the unpleasant aspects of the situation, clearly stating one's thoughts, feelings, and decisions to others, and acknowledging that others may not agree with one's decisions are all behaviors associated with assertiveness. The skills of active listening are also important components of the skills presented and are used to help the student develop sensitivity to the feelings of others during terminations.

Information and skills in several units are especially relevant to the skills and information in this unit. These include: Unit V (How Can I Build and Maintain a Relationship With Older Persons?), Unit VIII (How Can I Make the Best Use of Support Networks?), and Unit IX (Applying Skills with Special Populations), especially the section Death and Bereavement.

This unit of the trainer's manual provides activities to help students learn the skills presented in Unit VII of the text. For each part of the text unit, one or more situations are described to which students may be asked to react. The discussion with each situation is intended to give the trainer general guidelines to the types of responses appropriate for each of the situations. Specific statements are not provided because the goal in skills development is for trainees to develop their own natural styles of interacting. It will be helpful, of course, for the trainer to discuss each trainee's responses and to provide feedback on them.

The references listed are not intended to be exhaustive. All contain sections dealing with termination of relationships or the interactional skills applicable to these situations.

SECTION A — HOW WE HANDLE SAYING GOODBYE

Have trainees discuss their answers to the exercise in the text. You might want to record the various situations and behaviors and discuss the possible types of reactions and behaviors involved in terminations. How do trainees feel about each?

SECTION B — ENDING A VISIT

The following activities are included as supplements to the ones given in the text. They are written directly for the trainee.

Situation:

When you visit Mrs. Jones, she is silent much of the time and does not have much to say. But when you are ready to leave, she often will bring up a topic of conversation and start talking with you about it. You do not want to discourage her from talking, but you have other appointments to keep. What might you say to her the next time this happens?

Discussion:

Even though she does not talk much most of the time, it seems that your visits are important to Mrs. Jones and that she is reluctant for you to leave. Your comments should let her know that you care, while firmly and gently informing her that you must leave. (Remember that you can suggest that you discuss the topic at your next visit.) Say these things in your own words, in ways that are natural for you.

Situation:

During the monthly socials at the senior center where you work, you like to circulate, chat with different people, introduce shy people to others, and generally help everyone have a pleasant, relaxed afternoon. Mr. Kane tends to monopolize your time. He draws you aside and seems to want to talk to you all afternoon. He does not want you to leave, holds your arm, and brings up another topic he says he must tell you about if you show signs of going. What could you say to Mr. Kane?

Discussion:

Like Mrs. Jones in the preceding situation, Mr. Kane seems reluctant for your visits to end. This time you are not leaving his home, but are leaving his presence to visit with others. The situation is a little tougher because you will still be in the same place even though you will separate or end your encounter with Mr. Kane. You might tell him at the beginning of your visit how much time you can spend with him. When it is time for your visit to end, you can express your caring and concern that he is not happy with the situation, but still inform him firmly and gently that you must leave. In this case, you could also introduce him to other people at the social.

Ending an Encounter When the Older Person is Willing:

This exercise may be duplicated and passed out to trainees. The purpose is to increase awareness of the nonverbal behavior involved in this type of situation.

Exercise for Ending an Encounter When the Older Person Is Willing

a. Think back to the last time you ended an encounter with another person when both of you were comfortable with parting. (This may or may not involve an older person.) Briefly describe the situation:

b. What things did the other person say that let you know the person was comfortable with your leaving?

c. What things did the other person do that let you know the person was comfortable with your leaving?

d. What things did you say to indicate you were ready to go?

e. What things did you do to indicate you were ready to go?

f. Look at what you have written and answer these questions. Did the things that you said and the things you did give the same message?

Did both clearly indicate that you were ready to go? (Remember that the messages you give to others are clearer when your verbal behavior — what you say — and your nonverbal behavior — what you do — match.)

Ending an Encounter When the Older Person is Not Willing

In this exercise you will practice some ways that you can deal with this situation. As you imagine the situation and plan ways you can respond, remember these things:

- Caring for a person does not mean that you must do whatever that person wants you to do.

You may wish to help trainees examine their beliefs about courtesy and the implications of the above statement. Trainees will have a difficult time learning and using skills if they believe that courtesy requires that one behave as others expect. A good point in the discussion is to focus on honesty as a value and on facing the reality that no one can behave in ways that never disappoint others. You also may want to point out the courtesy and caring demonstrated by paying attention to the other's feelings during these interactions.

- Your messages to another person are clearest when your verbal behavior (what you say) and your nonverbal behavior (what you do) match.
- The briefer your verbal messages are, the easier it is for the other person to understand and believe you.

In discussing trainees' written responses, or giving feedback on role-played practice, help them avoid excessive apologies or excuses. It is often difficult for trainees to distinguish between explanations and excuses for their behavior. In attempting to behave courteously and soften the impact of their behavior, they may offer excuses that tend to make the separation more difficult. Focus on fairly brief, clear messages of the intent to leave. Redirect their demonstrations of caring to the expressions of understanding and acceptance of the older person's feelings.

For practice (written or role-play) trainees can imagine, use remembered incidents of separation, or think of ways they could respond that incorporate the above guidelines. The 4-step format for responses in Section B (Skill Building Activities) of the text can be used in formulating responses.

One way to ease the pain of ending relationships is by talking about the future.

The following optional activity presents a method to help older persons regain perspective when they are overwhelmed during termination. The major caution in teaching the technique to service providers is to ensure that they do not use the technique to avoid dealing directly with termination. The technique can be practiced with role-played situations in the classroom to familiarize students with its use.

Future Projections

Sometimes people experience severe feelings of loss and grief when parting from others. One thing that makes it hard for older persons to cope with the separation is their belief that they always will feel that badly. It is as if the older person lost perspective; he or she is unable to see that the pain of separation will become less intense. Older persons become unable to focus attention on the pleasures that the future can hold for them. In terminating, a little imagination can be helpful. A future projection uses imagination to check out what the future will be like. Vividly imagining the future also helps older persons gain some emotional distance from the painful present and helps them reestablish a sense of perspective.

When the activities already discussed have been used, and an older person still seems unable to cope with the separation, you can use what is called a future projection. Focus your discussion on a specific time in the future, a particular day and a particular time of day. Talk about what the older person will be doing as well as what he or she could do. It might be a good idea to pick a time other than your usual visiting time at first. For example, if you usually visit on Tuesday afternoon, you might ask the older person to imagine a Thursday morning two weeks in the future. Talk about where the person will be and the activities that will be going on. If you know that this person enjoys playing cards with friends, for instance, you might focus on that activity. It will help to remind the older person that there are pleasurable times to look forward to in the future.

You may do one or two future projections. If the first is successful, and the older person seems to be feeling more hopeful and less overwhelmed by sadness, in the second you can look at what can be done on the day that would have been your visiting day. What activities can be planned that bring pleasure? What things does the older person do and especially enjoy? For a while, at least, it might be a good idea to plan those activities for the time left empty as a result of ending your relationship. It is important for you not to deny that, at times in the future, the older person will think of the relationship and experience sadness. The future projection just helps to restore perspective by reminding the older person that those sad times will be balanced by happy times and that feelings of sadness will grow less in time.

The following activities are included to help trainees practice the technique of future projections.

Situation:

Mrs. Martin is going to a nursing home soon. This is your last visit. You have talked briefly about her going, but today you must discuss it for the last time. She says she cannot stand the idea, mostly because of losing good friends like you. She is almost crying and says she does not know what she will do without you. You have reminisced together about the good and bad times in your friendship, and you have shared your feelings about her leaving, but she still seems overwhelmed. What could you do to help her cope with this separation? Briefly describe the things you would want to keep in mind as you talk together.

Discussion:

A future projection might help Mrs. Martin understand that she can be happy at times, even though old friendships are lost. Help her to imagine the future situations vividly by focusing attention on details, such as how she might decorate her room, what she will wear. Focus first on a day and time different from the time you usually visit. Then do a future projection for the day and time of your visit, discussing things she can do to make herself feel happy.

Future Projections Exercise

Before you begin this exercise, which will give you some idea of what a future projection is like and how to do one, think of someone who is important to you and whom you see often (if possible, on a regular basis). Now imagine that you will not see this person anymore.

1. Think of a time in the future that is not a time when you would ordinarily see this person. Answer these questions:

   a. Where will you be?

   b. What might you be wearing?

   c. What will you be doing?

   d. Will you be with others? Who?

   e. How will you be feeling?

2. Now think of a time in the future that would be a time you ordinarily would see the person you are thinking of. Imagine the scene vividly and answer these questions. (As you imagine this scene, remember that you already have had one or two weeks to readjust to the loss of this person.)

   a. Where will you be?

   b. What might you be wearing?

   c. What will you be doing?

   d. Will you be with others? Who?

   e. How will you be feeling?

   f. If you feel sad, what might you do to make yourself feel better?

If you are studying with a group, choose partners and practice helping the other person do a future projection. In the exercise above, some questions were listed for you. When you do a future projection, you will think of questions to ask to guide the person's imagination. You will want to ask questions that will:

a. Help the person imagine better when they can think of things such as clothes, furniture in a room, and so forth.

b. Help the person focus on a specific day and time.

c. Remind the person that time has passed since the separation. You can help if this is difficult by asking about things that have happened during the time since the separation.

SECTION D — ENDING THE HELPING PART OF A RELATIONSHIP

Dealing with the issues presented in this section is difficult, since how the service provider reacts depends on how the older person reacts. Older people may be relieved or angry when someone suggests they see a specialist. They may be able to make appointments on their own or need much support and some help to arrange to see the professional. After they have seen the specialist, they may not discuss the problem in-depth with the service provider again. They may bring it up often so that it becomes necessary to re-refer. Encourage trainees to discuss those issues with the supervisors or persons responsible for arranging referrals.

Discussing the exercises in the text with others in a study group will help trainees by giving them many different ideas of what may happen and how it could be handled.

The following activities are included to supplement those given in the text.

Situation:

Mrs. Ames's husband died seven months ago. She used to be a lively woman and managed the household well, but you have just found out that she has not been paying her bills regularly. You also realize that she is often sad and frequently cries during your visits. The house is not cleaned, her personal hygiene is slipping, her hair and clothes are messy. She says she just does not seem to be able to get herself together and handle things the way she used to. List the things you would do to handle this situation in the order in which you would do them.

Discussion:

Mrs. Ames seems to be depressed or perhaps disorganized since her husband's death. It has been long enough for her to have completed her mourning period, but that does not seem to be happening. This situation requires you to decide what sort of help she needs for referral. (Remember that she has handled a household before.) A referral to a mental health counselor seems most appropriate. She does not need to learn how to manage, so a financial advisor could not help as much. Her sadness keeps her from using the management skills she already has.

Situation:

About three weeks ago, you referred Mr. Harrison to a counselor for help in learning to cope with his loneliness. Still, every time you visit, he continues to talk with you about it. He asks you what you think, compares that with what his counselor has said, and asks you what you think about the counselor's comments. What would you say to Mr. Harrison?

Discussion:

In this situation you must end the part of your relationship that concerns helping Mr. Harrison find ways of dealing with his loneliness. As he brings up the subject, you can suggest that he talk with his counselor about it. If you feel his comments indicate that he disagrees with his counselor, suggest that he tell the counselor about his feelings. Reassure him that he can express his differences and that he is not required to agree without question to everything the counselor says. If you feel that the counselor is really not helping Mr. Harrison, discuss the situation with your supervisor.

Situation:

You visit Mr. Smith regularly. After his wife died last year, his son invited Mr. Smith to live with him and his family, but Mr. Smith refused saying the children were too noisy. He lives in a rented room in a shabby section of town. His son and family stop by each Sunday on their way home from church to visit Mr. Smith. During your visits over the weeks and months, you have noticed that his room is dirty, and from comments Mr. Smith has made you realize he is not eating regularly and going out less and less. You cannot put your finger on anything you would call a crisis, but you feel more and more strongly that Mr. Smith has lost his will to live. On this day, when you arrive just before noon, Mr. Smith is still in bed. He has been awake for several hours.

How would you handle this situation? List the things you would do in the order in which you would do them.

Discussion:

It seems likely that Mr. Smith is depressed much of the time, and the situation is getting steadily worse, which is not a good sign. It might be a good idea to refer him to a mental health counselor. You would go through these steps:

a. Find the name of and other information about a mental health counselor who could work with Mr. Smith.

b. Discuss the idea of going to see the counselor with Mr. Smith. Remember to let him express his feelings about going to see a counselor, explain your reasons for referring him, and help him make arrangements if that is needed.

c. After Mr. Smith has seen the counselor, check to be sure everything is going alright. Do not discuss the problem with him at length. If he brings it up, encourage him to talk with his counselor about it.

SUMMARY

This unit examines the issues involved in different types of separations, ranging from the ending of a single encounter between two people to the termination of a relationship. Referral of an older person to a professional for specialized help is included because it involves ending one aspect of a relationship between the service provider and the older person.

The use of future projections is described as a way to help an older person who seems overwhelmed by the ending of a relationship with a service provider.

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UNIT VIII

HOW CAN I MAKE THE BEST USE OF SUPPORT NETWORKS?

Harold E. Salmon

Harold E. Salmon received his BA in social science in 1962, an MS in education and psychology in 1964, and his doctorate in psychological services in 1972, all from Indiana State University.

His involvement in gerontology began with his doctoral thesis on counseling older persons in 1970. Since that time he has directed a social services program of an area agency on aging, served as Coordinator of Continuing Education with the Institute of Applied Gerontology at St. Louis University, and directed an Administration on Aging Quality Improvement Project on counseling older persons. He has written professional articles on counseling and aging and has served as workshop presenter, speaker, and consultant to numerous groups and programs that work with older persons.

He is currently an Aging Program Specialist with CEMREL, Inc., an educational laboratory in St. Louis.

UNIT GOAL

The goal of this unit is to provide the trainer with various discussion questions and skill building activities and to add information on community support to supplement that contained in the Basic Helping Skills text. Thus, the unit serves as both a text supplement and a guide for the trainer.

Focus of Materials for Trainers:

- supplementary information
- additional skill building activities
- training strategies
- suggestions and strategies for trainee self-assessment
- material for more advanced trainees

INTRODUCTION FOR THE TRAINER

This unit is intended to help service providers learn about and establish working relationships with community resources that promote the well-being of older persons. The major focus is on support and referral systems that relate most directly to mental health. The service provider is encouraged to view him or herself as a member of a team of community supports.

In teaching this unit, four important questions should be asked concerning each resource that is discussed in the text. The questions are:

- To what extent does this resource exist in or near this community?
- To what extent do I help older persons become aware of this resource and use it when necessary or desirable?
- To what extent do I attempt to learn the degree of satisfaction of older persons with this resource?
- To what extent do I attempt to help this resource (or staff persons at the location of this resource) obtain feedback from older persons?

SECTION A — BACKGROUND INFORMATION

As a trainer, you might ask service providers to:

a. Define support systems, using your own words.

b. Describe why support systems are important.

c. Pick two or three of the benefits of support aimed toward meeting an older person's mental health needs (see text, Section A). Think about a time each type of support was provided to you. Who provided it? How did it make you feel?

SECTION B — SOURCES OF COMMUNITY SUPPORT

In relation to sources of community support for mental health care, it might be helpful to stress the role of Community Mental Health Centers (CMHCs).

The federal community mental health centers program was established in 1963. The Community Mental Health Centers Act of 1963 encouraged the establishment of CMHCs in local geographical areas across the country. Originally 2,000 of these centers were planned, but far fewer than that number are currently operating.

Older persons rarely have used the mental health services of CMHCs (Butler, 1975). This underutilization may relate in part to the negative attitudes and inadequate training of staff of CMHCs in regard to serving older persons. Heavy workloads of staff members and inappropriate locations and hours of operation of CMHCs also have been limitations. The problem has been compounded by the reluctance of older persons to seek mental health services (Cohen, 1977).

Fortunately, there is a growing awareness that older persons have been underserved in the area of mental health, and some changes have been underway. The 1975 amendments to the Community Mental Health Centers Act listed specialized services for older people as one of the 12 areas of focus for CMHCs. The Mental Health Systems Act was passed in 1980, and again services for older persons were urged. Some staff members of CMHCs attended training workshops of the American Personnel and Guidance Association (APGA) National Project on Counseling Older Persons in 1980 and developed plans for increasing services for the older adult population.

Emphasize to service providers that conditions are excellent at this time for developing cooperative relationships with staff members of CMHCs. It may be necessary for the service providers to initiate these contacts because of the limited outreach capacity of many of these agencies.

Activity for Development of a List of Community Supports

The sources of community support provided in the text may not be present in or near every community. Some communities may have sources of support that are potentially more important than some listed in the text. Have the service providers add to the list of resources discussed in the text. Some examples include the following: barber or beautician, grocer, bartender, and so forth.

SECTION C — ASSISTING OLDER PERSONS IN DEVELOPING SUPPORT SYSTEMS

Have service providers discuss ways to do the following:

a. Assist older persons in developing support systems.

b. Advocate for the observed needs of older people in their community.

c. Advocate for the unmet needs of an individual older person with whom each is working.

SECTION D — SUPPLEMENTAL SKILL BUILDING ACTIVITIES

This section provides a variety of skill building activities. They are not associated necessarily with a particular part of the text, but may each apply to more than one part. The activities are intended to help service providers develop a better understanding of support systems for older persons. The service provider is encouraged to take a look at his or her own support system as a means to understanding the support systems of others. Most of the activities cannot be implemented properly without input and supervision from a trainer.

1. Identifying Support Systems

Have service providers review the formal and informal sources of support discussed in the text. Then have them develop three lists:

a. Sources of support discussed in the text that are available in or near (15 to 20 mile radius) their community.

b. Sources of support discussed in the text that are not available in or near their community.

c. Important sources of support in their community (related to mental health) that have not been discussed in the text.

Discuss the possibility of developing important resources that are currently unavailable.

2. A Needs Assessment Approach to Support Systems

Support systems are effective only if they relate to the needs of the persons whom they serve. In Unit VI of this text an activity has been provided for assisting individuals to examine their needs. The activity is titled "Needs Assessment Approach to Support Systems." Service providers might benefit from participating in this activity. They might then use it to help older persons assess their needs.

3. Using the Needs Assessment to Help a Specific Individual

As you refer to the "Needs Assessment Approach to Support Systems" discussed in the previous activity, have each service provider apply this method to a specific individual. For example, each service provider could invite an older person to a training session and fill out a needs assessment for that person. The input of the older person should be requested. What is he or she missing? Ask the service provider to describe the feelings of the older person in regard to the unmet need. Does the older person agree that his or her feelings have been accurately identified? (The discussion of feelings can be restricted to each dyad of older person and service provider.) Ask each service provider to mention what he or she could do to help.

4. Support Systems at Various Stages

Even for the same individual, support systems change. In Unit VI of this manual an activity is provided for assisting individuals to observe changes over time in their support systems. The activity titled "Support Systems at Various Stages" can be used to help service providers examine their own support systems. Knowledge gained from this might help service providers observe the support systems of older persons with a greater sense of perspective. Have the service providers discuss some of the changes of support systems that older persons with whom they are working might have undergone. Emphasize that some supports such as brothers, sisters, and friends can be revitalized, even when recent contact with those supports may have been minimal.

5. Human Potential Seminars

Service providers might improve their skills to assess the needs of older persons by attending various kinds of human potential seminars. These seminars frequently include activities related to clarifying one's values and identifying one's strengths.

Professional supervision is needed to benefit from most human potential activities. Service providers could be encouraged to learn what opportunities exist in their community for participating in these activities. The bibliography in this unit includes some resources related to human potential activities.

6. Demonstration and Skill Practice in Use of Pictorial (Gestalt) Approach to Support Systems

Note: This activity has been taken from Gerontological counseling skills: A training manual (Waters, Weaver, & White, 1980). See the "References" section of this unit for complete bibliographical information. The original activity has been modified slightly for use here.

A pictorial representation may help one to examine components of his or her support system. Instructions for developing a pictorial representation follow. These instructions apply to service providers looking at their own support systems and to older persons participating under the direction of an experienced trainer. Service providers should not conduct this activity with older persons without prior training and supervision.

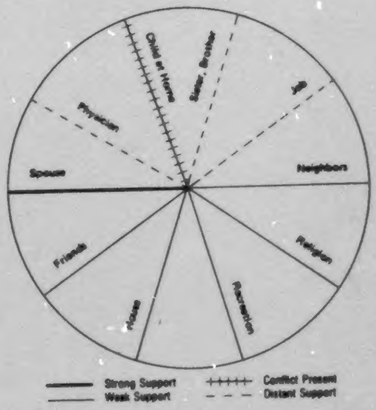
Have participants draw a circle as shown on the next page (pictoral worksheet) to symbolize their individual environments, with a dot in the center to represent the individual. Spokes are connected from the center to other dots in the circle that represent sources of support in one's life (e.g., people, interests, activities, pets, finances, health, religion). These spokes are drawn in various ways to indicate differences in the strength of the support. A thick line

PICTORIAL (GESTALT) APPROACH TO SUPPORT SYSTEMS

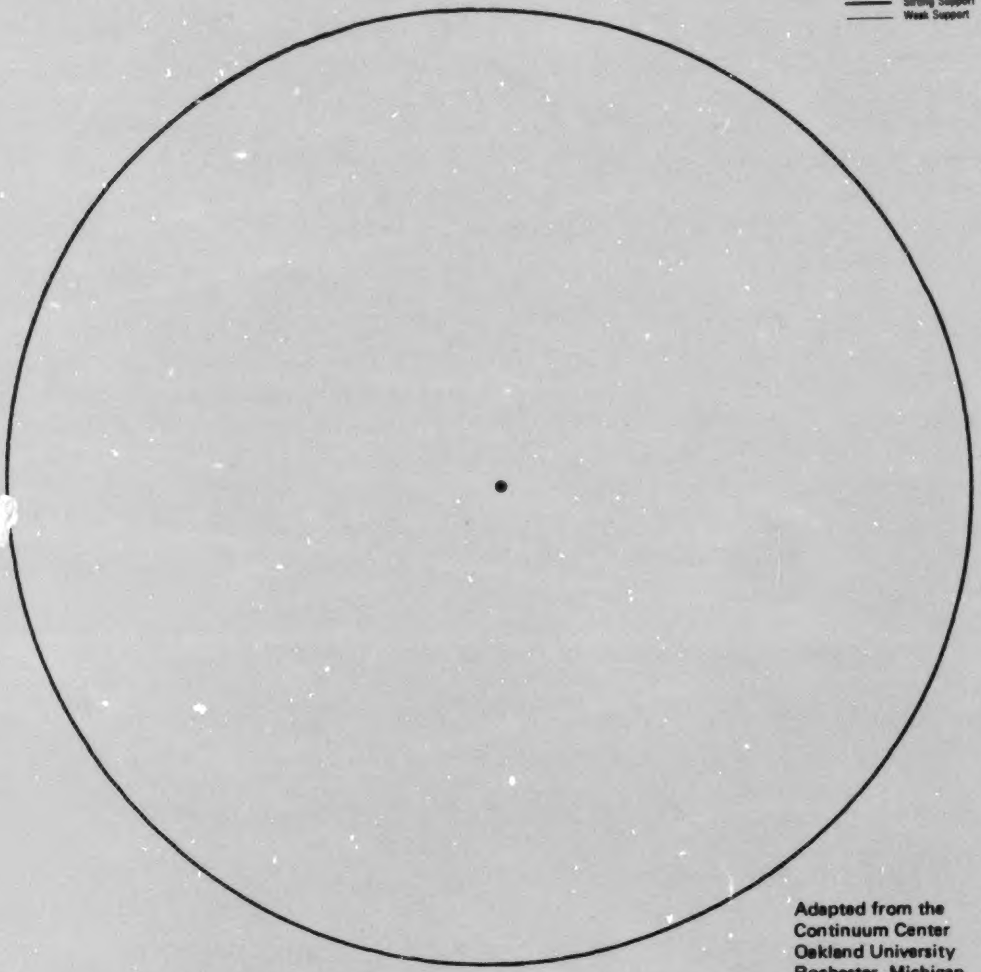
A model for assessing your support systems involves a pictorial representation. Using a circle with a dot in the middle representing you, indicate the different people, institutions, and so forth in your life that are strong supports. Indicate the type of support, as in the example.

The example represents a person who has strong spouse support, distant job support, and some conflict with a child at home.

Discuss your completed model and what you have learned with a friend.



Child at Home
Sister, Brother
Job
Physician
Spouse
Neighbors
Friends
Religion
House
Recreation
Strong Support
Weak Support
Conflict Present
Distant Support



Adapted from the
Continuum Center
Oakland University
Rochester, Michigan

indicates strong support, a thin line represents weaker support. Dashes along the line show support that is distant, such as friends who have moved. Cross-hatching along the line indicates a conflict situation.

Have participants list some of their previous supports that are no longer available. This approach can be very useful with widows and widowers because it helps them realize the number of supports that are lost as individuals lose their spouses. It may also be helpful to have currently married individuals begin anticipating some likely multiple losses of support when they lose their spouses through death or divorce. A dramatic way of illustrating such loses is to look at the drawing of one's present support system and then remove (erase) one's spouse. Have participants think about other supports that might be lost with the loss of one's spouse. As these additional losses are mentioned, erase them from the circle.

The value of this skill building activity can be increased by thinking about ways to replace supports that have been lost. Have participants list additional supports that could be introduced as replacements for lost ones. For example, if school served as a source of support in the past, one might consider taking classes to earn a degree or just for fun. If one's primary source of support has come from a spouse (or close friend), and that support is lost through death or divorce, it may be helpful to begin thinking about developing potentially intimate relationships.

The participants may benefit from sharing pictorial representations of their individual support systems with others. Whether the content of the worksheets is shared or simply is reflected upon by each participant, some additional questions might be helpful. Ask participants to answer the following questions:

a. What are you pleased about when you look at your support system?

b. What might you want to change? Is there an area you would like to strengthen?

c. What have you learned about your ability to use supports?

As you read this activity, keep in mind some principles that have been learned from implementing it at Oakland University. These principles are as follows:

a. Emphasize the uniqueness of each individual's support system.

b. Emphasize that supports are not fixed or permanent.

c. Keep this important caution in mind: This activity may underscore the emptiness in the lives of persons who have low self-esteem or have experienced multiple losses. For that reason, leaders at Oakland University recommend using this activity with individuals only after considerable trust has been developed, and when participants have an opportunity for further contact with you or with other positive supports.

SECTION E — EVALUATION RESOURCES

The following student self-assessment may be copied and provided for service providers to help them test their knowledge of support systems. After completing the evaluation, provide them with the suggested solutions that follow, discuss their responses in small groups, or discuss them in the class as a whole. Ask them what they have learned from the experience.

Self-Assessment of Knowledge of Support Systems

Note: Each of the following situations may have a number of adequate solutions, and some are offered in the next section.

1. In each of the following situations what specific sources of support would service providers attempt to develop to help remedy the problem(s) or concern(s) indicated?

   a. A widowed older woman appears lonely and isolated but states specifically that she has no desire to participate in organized social and recreational activities away from home.

   b. A single older man is unable to clean his home or prepare his meals and has much difficulty in going outside his home for food.

   c. A previously amiable older woman has suddenly begun verbally to attack her husband and now feels that everyone has turned against her.

   d. An older man states explicitly that he no longer feels needed and important since he left his job.

   e. An older woman expresses a desire to use her skills through voluntary activity.

   f. A husband and wife seem mutually to enjoy one another's company.

   g. An older man complains that there simply is not anything interesting for him to do.

2. You increasingly become aware of many older persons in your community who want and need gainful employment but are unable to find jobs. What supportive role can you perform?

3. You are surprised to learn that many of the recently retired older persons in your community have a completely unrealistic view of what retirement living will be like. Is there anything that you can do to tap potential supports to remedy this problem?

Self-Assessment Questions: Suggestions for Solutions to Self-Assessment Questions

1. a. The informal support network may be the most appropriate source of help. Children (if any), friends (if any), and neighbors may provide needed contact. Retired Senior Volunteers or Senior Companions may also be good sources of support. Telephone reassurance through volunteers may help. Older persons trained to be peer companions or facilitators may also be helpful.

b. Any of various meals-on-wheels programs may meet this man's most pressing need. Some programs for home delivered meals fall directly under the auspices of the relevant area agency on aging. Other programs are sponsored by churches and other organizations. Homemaker services often are provided by private and public social services agencies.

c. Sudden changes may indicate rather serious problems. A referral to a medical doctor (general practitioner) would be a good start. If the cause is primarily psychological, the medical doctor can refer the patient to a psychiatrist, psychologist, or other mental health worker. If the medical doctor fails to do this, a community worker should probably check with that doctor to discuss referral to a mental health specialist.

d. Exploring opportunities for volunteer roles or gainful employment may be appropriate. The information and referral unit of the local area agency on aging or other community information and referral sources may be appropriate. Public or private employment agencies may help. A referral to a counselor who can help the older man find ways of maintaining self-esteem without employment may also be helpful.

e. Exploring volunteer opportunities with local information and referral agencies would be a good start. RSVP, Senior Companions, or Foster Grandparent Programs may be available for eligible older volunteers. There are often local organizations, however, that sponsor and coordinate activities of volunteers.

f. Great! (Is intervention necessary?)

g. Referral to a counselor seems appropriate. A counselor or various paraprofessionals working under the supervision of a counselor could likely help this older person discover potential persons and activities that could add meaning to his life.

2. Performing a strong advocacy role is important in this instance, as is sharing this information with employment agencies. Notifying administrators of area agencies on aging is also an important step. Informing various media sources of the need for jobs for older persons may also be a strategic move.

3. Enlisting the support of administrators of area agencies on aging to help spearhead preretirement planning programs may be helpful. (The Older Americans Act has encouraged area agencies on aging to become involved in preretirement educational activities.) Through area agency on aging support, various corporations can be encouraged to develop preretirement planning programs. Mental health and social services agencies may also become more involved in providing programs in this field.

SUMMARY

In this unit service providers have developed their knowledge of support systems and ways to use them to benefit older persons with whom they work. The activities in the Trainers' Manual also help them expand their knowledge of sources of support available in their communities, develop an awareness of their own supports and those of others, and help others build needed sources of support.

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UNIT IX

APPLYING SKILLS WITH SPECIAL POPULATIONS

Patricia Lawrence

Patricia Lawrence received her baccalaureate in sociology from the University of California, Berkeley, in 1967, and her Master of Social Work from San Diego State University. Since receiving her master's degree in 1976, she has held the position of Minority Staff Director of the Housing and Consumer Interests Subcommittee of the Select Committee on Aging, U.S. House of Representatives.

She has lectured and written extensively on crime, mental health, age discrimination, and housing problems of the elderly. She planned and organized the first National Conference on Mental Health and the Elderly in Washington, D.C. in 1979.

UNIT GOAL

The goal of this unit is to supplement the information in the Basic Helping Skills text on special subgroups of the older population through a more extensive and technical coverage of specific groups.

Providing information and advanced techniques for training service providers to work with mentally impaired older persons and their families is a further goal. Generally, the unit is meant to increase trainer knowledge about different groups and different impairments so that he or she is better able to teach trainees to work effectively with specialized groups of older persons.

Focus of Materials for Trainers:

- additional knowledge of subject matter.
- additional knowledge and skills for advanced trainees.
- evaluation suggestions and resources.

INTRODUCTION FOR THE TRAINER

The intent of this unit is to provide information to help service providers in their work with special subgroups of the older population. Emphasis is placed on the uniqueness of each individual; however, the importance of knowing general characteristics of membership in certain groups is also stressed.

In the service provider's text, the special populations considered are minorities, alcohol and drug abusers, persons who are physically impaired, and those who are dying or in bereavement. This unit provides additional information in these areas. The section on physically impaired older persons includes some information on aphasia that may be useful in working with some groups of service providers.

For advanced groups of service providers, trainers may elect to teach skills in dealing with mental impairment (Section E), families of older persons (Section F), and persons in institutional care (Section G). Sections on each of these topic areas are included in this unit. These sections are written with service providers rather than trainers as the target audience. While trainers can study and use this information for class presentation, the sections are directed specifically toward trainees. Trainers can easily copy and distribute these sections for selected trainees to read and study, or they also may use them to enhance their own knowledge of the subject areas. Trainers may use their discretion in teaching this material to advanced trainees and service providers who need the knowledge and skills by virtue of their work settings. Skill Building Activities and a set of questions to be used for trainee self-evaluation are included.

SECTION A — OLDER MINORITY PERSONS

During classes or group meetings with service providers, have them discuss their experiences in working with older minority persons. Ask them to consider whether working with minorities is different for them, and in what ways.

It might be helpful to use minority persons from other agencies as guest speakers for classes. If you can locate them, the use of "local brokers" or indigenous persons as speakers could be useful as well. Another option is to have a panel of minority older persons talk to the class about their experiences. In this instance, be sure to select participants carefully, based on factors such as openness and verbal skills. Have trainees develop a list of questions ahead of time and share these with the speakers after reviewing them yourself.

For an in-class activity, have each student develop a list of two or three common problems they expect to experience in their work. Have them consider how they would approach the problem if they were dealing with an Anglo. Then ask them how they would approach the problem if they were dealing with one of the minority groups discussed. Have them discuss the similarities and differences in small groups, and then have each group present its ideas to the class as a whole.

SECTION B — SUBSTANCE ABUSERS

If there is a facility in your area that treats alcohol and drug abuse, especially for older persons, ask someone from that agency to serve as a guest speaker for your class. Have the speaker address common problems, issues, and treatments based on the experience of his or her agency. You might want to plan a field trip to one of these facilities.

In class, have service providers discuss the use and misuse of drugs among older persons. Ask them to comment on their experiences. Brainstorm ways to deal with the problem for individual older persons and for the older population as a whole.

SECTION C — PHYSICALLY IMPAIRED OLDER PERSONS

The text Counseling the Aged: A Training Syllabus for Educators (Ganikos, 1979) offers many useful suggestions for teaching about physiological aspects of aging. A variety of exercises in that text may be used for in-class simulation of disabilities. These exercises can serve to stimulate discussions about how it feels to be disabled as well as suggestions for dealing with older persons who have experienced physical problems.

One way to gain more knowledge of disabilities and their treatment is to visit schools that provide rehabilitation and training to deaf and blind persons. The class can have a field trip to these settings and talk to instructors about their thoughts on the best way to work with older clients. Service providers also can observe how instructors interact with the students and how the students interact with each other. Be sure to plan some time immediately after the field trip to discuss the trainees' reactions.

For those trainees working with persons who have had strokes, the following information on aphasia may be useful. It is written so that it may be copied and given as a handout for trainees to read and keep as a resource document.

Aphasia

Aphasia is the difficulty in expressing and understanding spoken or written language due to brain damage. A person with aphasia may also experience problems remembering the appropriate words to speak or write. There are no accurate figures on the number of persons having aphasia in the United States. It has been estimated, however, that at least 1 million of them are over the age of 60. The major cause of aphasia in older people is stroke, particularly with injury to the left side of the brain. Persons having aphasia also may have weakness on the right side of the body because the left side of the brain, in addition to controlling the language center, controls movement on the opposite body side. Other severe head injuries can also cause this condition.

It is difficult to describe the effect of aphasia on a person's ability to communicate because there is such a range of individual differences. Some people may retain the words for objects or actions but cannot recall more complex sentence structure. Some people put their words in the wrong order. Almost all persons suffering from aphasia need more time to understand what is being said to them and to respond. It might be easier to let people who have aphasia describe their communication problems. Some things they may tell you are as follows (Jacobs, 1976):

ABOUT READING

"I can read who sent me the get-well card but not his message."

"I couldn't keep the meaning before the end."

"I can read the headlines but no more."

"The words are not strangers to me, but they don't click."

ABOUT WRITING

"I can write a telegram but not a letter."

"I have it in my mind, but my hand won't do it."

"I got to think and thought before I can write a letter."

"I got to write we and I think when, where and other words, and then I get mixed up."

ABOUT LISTENING

"When I am tired, nothing makes sense, and I just quit trying to listen."

"At a party, I have to listen to only one person at a time."

"Sometimes when people talk to me, they have to repeat it before I know what they said."

"Listening has become a conscious thing; it takes a great deal more concentration and all my energy."

ABOUT SPEAKING

"I can't say the word — I know what it is, but I can't find it."

"I have trouble discovering the word."

"I know it, but I can't say it."

"I have a stoppage of words."

"I don't say what I planned to say."

These older persons who have aphasia seem to be saying that they may have ideas but are unable to organize their thoughts so that they can speak or write. They cannot remember what someone is saying long enough to understand them. They can see the written word, but they may not know what it means. Some persons with aphasia also have a further complicating condition called dysarthria, which is an inability to make correct speech sounds because the muscles that produce speech are weak and uncoordinated due to brain damage.

There obviously is profound frustration experienced by the aphasic older person. The importance of communication cannot be overemphasized as a tool for adjustment, for the establishment and maintenance of interpersonal relationships, and for ways to share perceptions, desires, satisfaction, and memories.

Tips for Helping

What can you do to help aphasic individuals? First, find out if they are seeing a professional who is trained in speech therapy. The following suggestions should be used as general guidelines for helping aphasic persons communicate more effectively. It should be noted that these suggestions may not apply to all individuals having aphasia but can be modified to meet individual needs.

a. Get the aphasic individual's attention before beginning to speak.

b. Communicate one idea at a time in simple language but on an adult level.

c. Speak slowly and allow enough time for the person to understand what has been said. This may take as long as 10 seconds.

d. Combine visual demonstrations with short verbal phrases when giving instructions.

e. Include the aphasic individual in group activities that do not rely heavily on specific verbal interaction but which stress social and less demanding verbal interaction.

f. Aphasic individuals will normally communicate best when their surroundings are free of distractions.

g. A routine daily schedule allows the aphasic individual to hear the same language and experience the same situations on a regular basis. This aids in improving the aphasic individual's understanding of language and provides a greater opportunity for talking. This is possible because the situations they are involved in are more predictable (Sayles, undated).

SECTION D — DEATH AND BEREAVEMENT

In class, trainees can discuss their experiences with older persons and their families in the area of dying and bereavement. To help them get started, the following role play is suggested. The focus is on the helper's ability to meet the needs of the dying person.

The group should divide into pairs. Each member of the pair gets an index card with a role on it: one designed for the older person, one designed for the helper. The cards for the older people say that they have just found out they have 3 months to live. They had been looking forward to their daughter's graduation from college in 6 months. They are very depressed. The helpers believe that the older persons should accept their death because both they and their families will suffer if the persons die while in a depressed state of mind. After 10 minutes, the trainees switch roles. The new helpers allow the older persons to express their own feelings freely and do not interpret the "inappropriate" way to die. After 10 minutes the entire class should discuss their feelings and reactions to the roles.

SECTION E — MENTAL IMPAIRMENT

The prevalence of mental illness is higher for people who are over 65 years of age than for the general population. The following data provide a capsule view of the seriousness of the problem (Select Committee on Aging, 1980):

- although older people make up 11% of the total population, they account for over 18% of those persons in need of mental health services;
- 20% to 25% of older persons have significant mental health problems;
- 16% of the suicides in the United States are committed by persons 65 and over;
- 20% to 30% of the people labeled as senile have conditions that are preventable or reversible if detected early;
- at one time or another as many as 65% of older persons suffer from a significant mood disorder, primarily depression.

Even with such clear and compelling need, less than 80% of older persons requiring mental health care have their needs met through existing services. Less than 4% of the persons seen at public outpatient mental health clinics are over 65, and only 2% of older people receive treatment in private clinics.

This low utilization rate of mental health services can be attributed to a variety of causes:

- very limited reimbursement under Medicare and Medicaid;
- the belief among mental health professionals that older people cannot benefit from therapy;
- improper diagnosis;
- the stigma that older persons attach to mental illness, which keeps them from seeking mental health services.

Mental illness experienced by older persons ranges from mild impairments to severe loss of intellectual functioning. It is not the objective of this section to teach the diagnosis or treatment of these illnesses but to show that service providers and their supervisors can make an enormous contribution by being the link between confused or disoriented older persons and the resources that can help them to improve.

The information in this section is designed to improve skills of observation. If you should see some of the patterns of behavior that are described here, you will know that you must take appropriate steps to make sure that an older person receives professional attention. Again, you will not be making a diagnosis. Rather, you will be making sure that someone who is experiencing problems will have a professional assessment and any needed care.

Before we look at some of the most common types of mental illness experienced by older persons, it might be useful to understand why there is a greater prevalence of mental illness among older people. Although folk knowledge suggests that teenagers have the greatest adjustment problems, experts know that old age is the period of life with the greatest number of serious adjustments and crises. Most of these crises revolve around the concept of loss and, though not limited to old age, losses are experienced in greater number and with higher frequency in the later years. These include loss of employment and loss of health, and loss of friends, relatives, and spouse. Any one of these problems would be difficult; but coming, as they so often do, in rapid succession, they can tax anyone's adaptive abilities.

Is mental illness then an inevitable part of the aging process? It is important to understand that normal aging does not include gross intellectual impairment, confusion, depression, hallucinations, or delusions. Old age can be, and is for many, a very interesting and emotionally satisfying time. Even though many will experience losses, the majority of older persons will make a very satisfactory adjustment.

Part 1 - Common Mental Disorders

What are the most prevalent forms of mental disorders experienced by older persons? There are two kinds of mental illness in old age. These are, first, organic brain syndromes in which there is damage to the brain, and second, functional disorders which have no known physical cause and which seem to be related to personality and life experiences. There are two kinds of organic brain syndromes: acute brain syndromes, also referred to as reversible, which can be successfully treated, and chronic brain syndromes, called irreversible, which cannot be cured.

Acute Brain Syndrome — This type of impairment of brain tissue function has seven distinctive features.

a. Intellectual Functions - The most simple measurement of intellectual functioning is memory. If someone has acute brain syndrome, both recent and remote memory are disrupted. Recent memory will be the worse of the two. Older persons may begin to make up stories in an attempt to cover up memory deficits.

b. Orientation - There are a variety of problems with orientation. Often the first loss is knowing the time of day. Knowledge of the date, day, month, year, and season may also be lost. People become confused about where they live and, finally, they begin to confuse the people who are in the immediate environment. In the final stage no one is recognized.

c. Concentration - Often attention span becomes very short and they may forget simple tasks if more than one step is required.

d. Calculation - Regardless of education, there may be an inability to do simple arithmetic.

e. Learning - It increasingly will become difficult to learn new information.

f. Judgment - Disruption of judgment is considered to be one of the more dangerous problems.

g. Blank Facial Expression - Even though memory loss often is accompanied by anxiety or depression, as the condition becomes more serious personality seems to deteriorate, and the face appears expressionless.

These seven symptoms may not all be present at the same time, and the degree of impairment may be slight to severe (Besdine, Brody, Butler, Duncan, Jarvik, & Libow, 1978).

Prompt diagnosis is imperative in acute brain disorders. Butler & Lewis (1977) suggest that the person who survives the crisis has a good chance of returning to the community. Mortality rates are high, however, and an estimated 40% of older persons die either from exhaustion or from accompanying physical illness. Complete recovery for persons in the other 60% is a possibility.

Some of the conditions that can cause acute brain syndrome are congestive heart failure, malnutrition, anemia, infection, cerebrovascular accidents (stroke), alcohol or drug toxicity, and head trauma. Other causes that are not medical can be major environmental changes and bereavement.

Treatment should be provided in a psychiatrically oriented medical facility. If acute brain syndrome remains undiagnosed and untreated, it can lead to chronic and irreversible brain syndrome. Early detection can arrest and cure the disease. If you can identify symptomatic behavior early, you can help change the course of someone's life.

Chronic Brain Syndrome — The most significant aspect of chronic brain syndrome is its irreversible nature. There are two major kinds of chronic brain syndrome. The first, senile psychosis, is a chronic, progressive psychiatric disorder. Besides the seven features specified under acute brain syndrome, this condition may include a lack of personal care, apathy, and severe difficulty with abstract thinking. Emotional indications of this disorder include depression, anxiety, incoherent speech, sleeplessness, restlessness, or paranoid tendencies. The second kind of chronic brain syndrome is associated with arteriosclerosis, the narrowing or closing of cerebral vessels which interferes with the flow of blood to the brain. This prevents sufficient oxygen and nutrients from reaching the brain. It is also a progressive disease characterized by a more erratic decline than the steady decline of senile psychosis. Symptoms in addition to those listed are dizziness, headaches, and increasing mental and physical fatigue. Usually there is a slow diminishing of intellect and irregular memory loss. People with this disease are usually in poor physical health, and medical care for the physical decline is frequently required. Even though these conditions are progressive and fatal, emotional and physical functioning can be improved with supportive therapy.

Functional Disorders — The two functional mental disorders that are the most prevalent among older people are depression and paranoid reactions.

Depression is the most common mental disorder in old age. Symptoms can range from mild feelings of helplessness to feelings of low self-worth, depersonalization, and suicidal thoughts. Some of the other symptoms that have been identified with the older depressed person are anxiety, obsessive thinking, insomnia, weight loss, apathy, fatigue, withdrawal, agitation, hostility, loss of appetite, loneliness, boredom, constipation, sexual disinterest and impotency, and physical complaints and confusion.

The concepts of loss that were discussed in the beginning of this section play an important role in depressive reactions. Studies of depressed patients have shown that they had a greater number of losses and that people perceived them as more personally undesirable than nondepressed people. In addition to the losses, there are also fewer experiences in old age that can lead to gains or achievements. There are elements besides the actual number of events that are also relevant in determining whether depression will follow loss; they are personality, previous experiences, an individual's susceptibility to depression, and his or her capacity to make use of coping skills.

One of the most serious problems regarding the older depressed person is that proper diagnosis is frequently overlooked by friends, family, and the medical community. If the older person complains of fatigue, loss of appetite, hopelessness, or even confusion, these are often mistaken as just the normal signs of aging. Furthermore, because severe depression is often associated with painful and incapacitating diseases, many physicians will focus their treatment on the physical problems.

How can you tell if depression is or is not normal? It is often very difficult to assess whether depression is normal, neurotic, or pathological. Generally, depression is normal when the loss or problem is real and the person's self-esteem and relationship with others remains unimpaired. A neurotic depression may stem from a real or imagined loss, and self-esteem and interpersonal relationships may be impaired. In pathological depression the loss may be real or imagined, self-esteem may be shattered, suicidal thoughts may occur at a final stage, and personal relationships may be disrupted completely (Hall, 1968).

Another major problem in treating a depressed older person is that, because of the nature of the problem, the person will not seek treatment and instead tends to be isolated and withdrawn. Studies also have shown that for older people, depressive episodes are more frequent and are of greater depth than in youth and middle age.

The contribution that service providers could make, which would be immeasurable, would result from their skill in getting the person who appears more than normally depressed to a professional for evaluation. If possible, the service provider might accompany the person for the initial visit. This may ease the older person's anxiety and will provide an opportunity for the service provider to see if he or she can be of any further assistance in the treatment prescribed. Often treatment for depression involves both anti-depressant medication and mobilizing the person's physical, mental, and social activity. Knowledge of community resources may be very helpful in developing an activity plan. Mobilizing a depressed person is not an easy task, for they often are lacking the will and self-confidence to attempt any new experiences. Diligence and patience will be useful skills.

Paranoid Reaction is another type of functional disorder found in older individuals. In a paranoid reaction a person develops a set of delusions, but other than that gives no indication of serious personality disorganization. Intellectual abilities are not impaired. Because paranoid people seem so normal in other respects, they often escape treatment.

What is a paranoid delusion? A paranoid delusion is often an intricate and well developed system that generally centers on one theme such as finances, property, a job, or an unfaithful spouse. The delusions around that theme are either of persecution or grandeur. A person who feels persecuted might say, "I feel that I'm being taken advantage of!" or "I'm being lied to!" or "I'm being mistreated or plotted against!" A person having delusions of grandeur may say that he or she is someone else "who is very important," or say that he or she has "an important mission to perform for mankind."

It is probably more typical for older persons to have paranoid states, or short-term and less organized, systematized paranoid delusions that usually occur in response to some traumatic event. An older person in a paranoid state may manifest delusions of persecution, have vivid and disturbing hallucinations, or exhibit social withdrawal or outbursts of aggressive behavior (Raskind & Alvarez, 1975). Some conditions that can lead to paranoia include deafness, isolation, infection, blindness, drunkenness, disfigurement, and menopause.

Paranoid conditions make it impossible to form close relationships; therefore, in old age these people may become increasingly isolated. Even though most paranoid people are relatively harmless and live outside hospitals, paranoiacs, even elderly ones, can be extremely dangerous.

Frequently you will not observe a problem until the older person with whom you are working experiences some causal event. Due to the nature of this illness, the older person experiencing a paranoid reaction will not voluntarily seek medical or psychiatric help. If this situation appears to be serious, the person's physician or the local community mental health center should be notified. Treatment usually includes a combination of antipsychotic medication, therapy, and improvement in the person's environment.

This section has concentrated on the three most prevalent forms of mental illness experienced by older persons. There are, of course, other disorders with which service providers will become familiar as they work with older people. These include various neurotic reactions, personality disorders, severe anxiety, and hypochrondriasis. The book Aging and Mental Health by Butler & Lewis (1977) is an excellent text for further information.

Part 2 - Roles for Service Providers

The role of the service provider in regard to seriously mentally ill persons will vary to some degree based on the exact nature of the provider's employment. Even if they do not work directly in a mental health agency, service providers can improve the system in many ways and make it responsive to older persons. First, they can improve their own skills and their ability to observe behavior. Second, they can provide outreach and locate those people in the community who are severely ill. Most older persons are uncomfortable with the whole concept of mental illness. They are afraid to allow themselves or others to perceive them as senile. Further, the kind of mental illness they are more apt to suffer from is characterized by poor insight, withdrawal, or suspicion. These people clearly are not going to refer themselves for treatment.

Third, service providers can help to link people with an appropriate physician or mental health professional. Success in getting them to visit their own general practitioners may be achieved more readily than getting them to see a psychiatrist or visit a mental health agency. That is because there is less stigma attached to being considered physically ill. The major problem with the general practitioner is that he or she may not be knowledgeable about mental illness or geriatrics. A good diagnosis is essential to appropriate treatment. This should consist of a general physical and neurological examination, blood chemistry work-up, and medication inventory (both prescribed and over the counter). Further, a mental status questionnaire, the Bender Visual Motor Gestalt, an evaluation of activities of daily living, and face-hand tests can be helpful in the diagnosis.

These tests are vital to determine physical health problems, to diagnose reversible brain syndrome so that immediate treatment can follow, and to differentiate between organic brain syndrome and depression. Depression can be confused with organic brain syndrome because a depressed person may appear confused, perplexed, disoriented, and forgetful. In addition, both conditions can be operating at the same time.

It is important to remember that all mental illness experienced by older persons can be improved. Acute brain syndrome if detected early can be reversed, depression and paranoid reactions can be treated, and even chronic organic brain syndromes have components that can be treated. For many elderly persons we may need to set limited goals. For some we can only relieve symptoms and for others we can slow down impairment. Sometimes we can help people accept their degree of dependency, improve their behavior and personal relationships, and help them stay involved or become reinvolved in society.

A fourth and final role for the service provider can be follow-up care. Whenever possible people should be treated in the community. By consulting with the professional staff of mental health agencies, the service provider may help arrange necessary social services or income supports, restructure a person's physical environment, work with their families, or help them become involved in more meaningful activities.

Skill Building Activities

1. Arrange to go to a facility that has reality orientation classes. See how it is done informally and how it is done in the formal classroom setting.

2. Talk with your local Community Mental Health Center (CMHC) to determine what services they have for older people.

SECTION F—FAMILY AND INFORMAL SUPPORTS

Part 1 - General Problems

As a person working with older people, you may be approached by an individual or a family member to help resolve a serious problem. It is unfortunate that outside assistance rarely is sought until there is a crisis situation. You may be fairly sure that the family who seeks your help is under severe stress.

The kinds of problems that you can anticipate are not psychological (these should be treated by a professional) but can be thought of as problems in living. Most of these problems revolve around the numerous losses experienced by older persons — loss of health, death of a spouse, loss of independence, reduced income, the need to move from one's home and neighborhood, and finally one's own impending death. It is important to note that there are "situations in human existence which could be classified as really having no satisfactory solution — yet, how they are faced and handled makes a great deal of difference" (Herr & Weakland, 1979).

No matter how skilled you are, there is nothing that you can do to replace the losses experienced by older people. Your assistance and understanding can, however, make a difficult situation better. This is no small sum to dismiss; a little improvement is better than no improvement at all. In working with older people you should always keep in mind that there are limits in your ability to make major life improvements and that both you and the older persons need to be able to measure and appreciate limited successes.

Working with families is very complex. First, the family is the most enduring of all relationships; and, whatever affects one family member will have some kind of effect on every family member. In addition, each family has a history and a unique style of operating. Moreover, many of the feelings that adults express about their parents reflect their childhood experiences and emotions. You will need to take some time to learn about each family system. If you intend to help a family with a problem, it is important that every family member who is interested and involved meet with you.

What can you do to help a family deal with these problems in living? Sometimes, just bringing the family members together to discuss an issue can generate some positive feelings and solutions. Everyone from the older person to the youngest members of the family should be given the opportunity to discuss the problem as each sees it. Then, everyone should be given the opportunity to describe what steps he or she has taken to solve the problem. This is important for a variety of reasons. You do not want to suggest something that has already been tried and has failed; you may find that a method that failed was not approached in the correct manner. Try to learn the circumstances around each past ineffective solution.

The next task, and often a difficult one, is to help the family set realistic goals. Once the goals are determined, you can begin looking at the alternatives that could help to achieve the family's wishes.

Not all options are available to all families. You can work with them to assess their own personal resources and to educate them about the resources that are available within their own communities. It also is important to understand the needs and wishes of the older family members. Most professionals believe that older persons are entitled to control over their lives as long as they are competent. You may have to remind family members not to ignore the rights and desires of an older relative, even though they believe they are acting in the best interests of that relative.

With all of this information at hand, you then can work with the family to find an option that best suits all members of the family unit and enables the elderly family member to have the most appropriate care. If many social services are needed you might relieve the family of this difficult obligation and assume the role of planner or coordinator.

This process is rarely fun and often painful. Family members may want to avoid facing difficult issues, but this is a necessary step toward making the correct decision. Remember that most decisions are not final ones. If the plan that is selected does not work, or if the situation changes, there is normally an opportunity to reconsider and change that plan.

Part 2 - When is Long-Term Care Needed?

It might be helpful to move from broad considerations to some of the specific issues that will be encountered in working with families. The situation that clearly brings about the most stress is deciding when an older person who is in a declining state of health should be placed in a long-term care facility.

When does an older person require long-term care? Elaine Brody (1968), an expert on long-term care, says that there is no simple answer to this question. Evaluations need to be made of the individual, the family situation, and personal and community resources. There are situations in which the individual and the family are better off when a long-term care facility is utilized.

Again, it is not until a family is under a great deal of stress that they will seek help. Often, one overwhelmed family member has been providing all or most of the care. Assistance by other family members or community supports may change the situation, or it may be that residential care is the appropriate answer.

Probably the best place to begin assessing the need for long-term care is with the older person. A thorough medical examination is very important. It may reveal conditions that can be improved or reversed with appropriate treatment, medication, diet, or exercise. If there is any question about mental health, a psychiatrist should be a part of the evaluation. An evaluation also needs to be made of the resources that are available in the community, including personal supports, the economic resources of the individual, and the potential contributions of other family members and of community agencies.

If the family is considering providing part or all of the care, some important questions need to be answered. As outlined by Brody (1968), these are:

a. "Are there family members nearby, and what is the state of their health and economic situations?

b. What other responsibilities do adult children have towards their own children, spouses, and other elderly family members?

c. Are they beset by other problems that must take priority?

d. Is their health and well-being affected adversely by the burden of caring for an individual who needs long-term care?

e. Have family relationships historically been sufficiently close so that they can stand the added stress?"

Some additional considerations are:

f. Are the community resources accessible and acceptable?

g. Can the family afford to purchase these services?

h. Is the family eligible for federal benefit programs?

i. Have the desires of the older person and all the relevant family members been discussed?

After a careful examination of these factors, you all need to sit down together and decide where the best care will be provided. Sometimes improvement in the medical care, changes in the environment (such as the addition of ramps and safety bars), eligibility for additional sources of income, day care services, home-delivered meals, and the use of a home health aide or housekeeper can improve the situation enough so that an older person can continue to live and function well in the community. When a family member does not need to perform all the care, he or she normally stays just as involved and actually performs at a higher level. He or she is, however, freer to provide the social and emotional care that is so important.

If it is obvious that the best thing to do is to place the older person in a long-term care facility, it is best to do so with the person's consent. The more he or she participates in the entire move, the less chance for complications after the move. If the older person is well enough, have him or her go with the family members to select the facility. The location of the facility and whether or not it has cultural or religious ties also can be important factors to consider.

Part 3 - Relocating After Retirement

What considerations are involved when independent older people are considering a move? Somehow any issue that centers around the decision to move has a tremendous potential for problems. Often older couples, upon retirement, decide to move either to a warmer climate or to an area with more recreation. Before this is done, there are some very serious questions that need to be considered. When approached by older people who are seeking advice about moving, ask them whether or not they will be near family or friends. No matter how nice the surroundings, life can be very lonely without people nearby who care. It is difficult to replace life-long relationships, so just the presence of large numbers of people with similar age and social characteristics may not be enough. Ask them who they would turn to if one of them became ill, needed help, or died. Would either of them want to live in this new, wonderful place alone? Are there stores close by? Is there good transportation? There may come a time when neither of them may be able to drive.

If it is possible, the older persons should have a trial period to examine the area and to see how they like living there. Instead of selling their home and buying a new one, they might consider renting an apartment in the new area. It may be much less expensive in the long run.

Part 4 - Living with Children

Should surviving parents live with their children? This is a very difficult question to answer. Often, after one parent dies, families quickly move the surviving parent in with them. Then they proceed to keep him or her busy. Older persons deserve an opportunity to grieve and to adjust at their own pace. It also is very possible that they might want to remain in their own homes with all of their special memories. Furthermore, grief may actually be increased if, along with the loss of a loved one, the family imposes the loss of a home friends, and neighborhood.

Everyone in the family has to be comfortable with a decision to live together. Honest talk about the history of a family's relationships is the first order of business. Here are some questions for older persons and their families that you might use to help families make good decisions (Silverstone & Hyman, 1976):

a. How would each family member feel — especially the son-in-law or daughter-in-law?

b. What financial arrangements would be best?

c. What kinds of living space would be available?

d. Will you be able to lead independent social lives?

e. Will you have friends and contemporaries to spend time with?

   Are there recreational activities in which to participate?

f. If all the adults in the household work, will you be alone all day? Will you be expected to babysit?

g. Can you really, honestly expect to live compatibly?

h. How have previous visits gone?

i. Are there community services available if you require care?

j. Do you value your privacy?

If the family decides the move is wise, a trial situation would be the best approach.

Skill Building Activities

Role play the following situation, titled "The Decision to Move."

An older couple who lives in New York wants to move to Arizona when they retire next month. All of their family is in the Northeast. They say that their house is too big for them without the children and that their utility bills are too high. They think that they will like the warm weather and the recreation. The helper is an older widow who had done the same thing when her husband was alive, except they had moved to Florida. Her husband became ill, and she could no longer drive since her vision had become worse. They had no close friends or family in Florida. Her husband died in Florida. She returned to New York and has been working as a volunteer in the senior center.

Have two persons portray the couple and present their views on their decision. Have the helper try to persuade them to reconsider, or to at least visit Arizona before selling their house and making a permanent move.

SECTION G — INSTITUTIONS

If you are an employee in a long-term care facility, your responsibilities are determined by the nature of your work and the viewpoint of your employer or supervisor. Your institution will probably have staff members who are in charge of the psychosocial needs of the residents. Usually they are social workers, recreational, physical, and occupational therapists, clergymen, and occasionally consulting psychologists or psychiatrists. These people usually work with the doctors and nursing staff to develop treatment plans for each resident. Unfortunately, the paraprofessionals, who have the most frequent and sustained resident contact, are often left out of the treatment team. This is only slowly changing and you, as an individual, can help.

You will have to test the receptivity of your own facility, the administration, or your direct supervisor to include nonprofessional employees as part of the therapeutic team. Some of the following observations might be useful in your discussion. First, there are a number of renowned professionals who recommend this approach. The professional staff of an institution rarely is large enough to provide all the counseling and social services required by all the patients and their families. The patients often have long intervals with no meaningful activities or interactions. Many of the jobs of service providers are directly with the patients. At the same time that you are cleaning a room, serving a meal, or bathing patients, you can be stimulating their memory, improving their socialization skills, or reducing their anxiety and depression. Furthermore, daily contact puts you in the best position to observe and report changes in the residents' behavior. There are even certain therapies that require the participation of all the staff members who have contact with a resident. Reality Orientation and Milieu Therapy, which will be mentioned later, are two examples.

Interest and satisfaction in work cannot help but be increased when tasks that are routine take on a therapeutic value. Long-term care facilities that have established in-service training of all staff have demonstrated that there is improved patient functioning, increased staff morale, and general reduction in staff turnover. Trainees who have demonstrated interest by enrolling in this training and by developing some knowledge of the treatment methods being used in their facility may have some real input at the work site.

It might be useful to know about the different courses of treatment being used at a facility. Below are brief descriptions of some of the treatments currently being used. There are also references for a more in-depth study. It is important to understand that these are just summaries and not detailed enough to use as a learning tool. Since service providers will be supervised by professional staff involved in these programs, it might be helpful for them to ask to be included in staff training to learn more about the programs.

Although the list below is not complete, it includes some of the more innovative psychosocial treatment approaches that are used with elderly people in institutional settings.

Part 1 - Reality Orientation

This therapeutic technique is used to rehabilitate older persons who suffer from moderate to severe memory loss, confusion and disorientation in terms of time, place, and person. The structure of Reality Orientation (RO) is the learning or relearning of basic information by constant repetition. To be effective, RO needs to take place 24 hours a day and be used by everyone who comes into contact with the resident. The person's name, where he or she is and the time of day are to be stated frequently, as well as what he or she is doing, where he or she is going, and what is about to happen. All this information needs to be provided naturally, as the older person participates in daily activities. It is important that the attitude of the staff is informal and noncritical.

Besides the informal 24-hour RO, there are also formal classroom activities held each day at the same time for about 30 minutes. No more than 4 to 6 persons are in any one class. The purpose of the classroom activities is to enhance informal learning. There are also two levels of RO — the basic level stresses person, place, and time, and the advanced level stresses more specific information about the resident.

Resources for RO include:

1. Barker, H.R., Jr., & Smith, B.J., Influence of a reality orientation training program on the attitudes of trainees toward the elderly. Tuscaloosa: Alabama Regional Medical Program: Reality Orientation Training Project. VA Hospital, 1970.

2. Stephens, L. (Compiler), Reality orientation: A technique to rehabilitate elderly and brain-damaged patients with a moderate to severe degree of disorientation. Washington, D.C.: APA Hospital & Community Psychiatry Service, 1969.

3. VA Hospital, Tuscaloosa, Guide to attitude therapy, June 1970.

4. VA Hospital, Tuscaloosa, Nursing service, Guide for reality orientation, rev. Feb. 1970.

5. Brody, E. Long term care of older people. New York: Human Sciences Press, 1977, 282-286.

Part 2 - Resocialization

The major goals of resocialization are to help residents improve their relationships with those around them, to be able to reach out to others, and to develop renewed interest in the world. Members meet in unstructured groups three times a week for one-half to one hour. Although there are no planned topics, the areas focused on are: (1) their relationships with each other, (2) the problems of living in a group, and (3) reliving happy experiences from the past. The leader's role is to provide a sense of acceptance and freedom so that residents will be encouraged to discuss interpersonal problems. Paraprofessionals can assist the group leader in resocialization therapy. References that the service provider may use to learn more about this therapy include:

1. Kunkel, S. Resocialization: A technique that combats loneliness. Nursing Homes, 1970, 19 (8), 12-13.

2. Kunkel, S., & Sr. Brian (O. Carm.) Resocialization: A challenge in geriatric nursing. Catholic Charities, April 4, 1969.

Part 3 - Remotivation

Remotivation is generally begun after a resident has successfully completed reality orientation. It is used with people who are moderately confused. The objective is to help people take renewed interest in the world around them. Unlike resocialization, which focuses on interpersonal relationships, the focus here is on objective features in everyday life and the development of communication skills. Groups of 5 to 12 residents meet once or twice a week for one hour in structured settings. Prior to the meeting the group leader selects a topic and brings together some visual aids. Everyone in the group is encouraged to be involved in the discussion.

Each meeting proceeds through five successive stages: (1) establishing a climate of acceptance; (2) building a bridge to reality when the selected topic is presented and when the participants begin to relate to the topic; (3) using visual aids and concrete questions to develop the issues; (4) discussing work, particularly the kinds of work the resident used to do; and (5) summarizing what was discussed, reminding participants of the date and time of the next meeting, and adding a warm appreciation to each participant for attending the meeting and sharing one's thoughts and experiences.

One resource for further learning is:

Pullinger, W.F., & Sholly, E.M. Outline for a remotivation training course. American Psychiatric Association, & Smith, Kline, & French Labs. Remotivation Project, undated.

Part 4 - Attitude Therapy

Attitude therapy is one type of behavior modification. A particular attitude is used by all the staff in dealing with a specific patient. It is used to reinforce positive behavior and eliminate negative behavior. The attitudes are:

a. Kind firmness - This mode is recommended for use with depressed patients.

b. Active friendliness - This is suggested for withdrawn, apathetic patients who do not tend to have many close, interpersonal relationships.

c. Passive friendliness - This is effective with those who are wary of close relationships and people who seem overly friendly.

d. No demand - This attitude is used when people are very frightened, suspicious, or in an uncontrollable rage.

e. Matter of fact - This is used with manipulative patients.

References for attitude therapy include:

1. Folsom, J. Attitude therapy workshop. American Archives of Rehabilitation Therapy, June, 1966, pp. 21-34.

2. Treatment Team, VA Hospital, Tuscaloosa, Attitude therapy and the team approach. Mental Hospitals, November 1965, 307-323.

Part 5 - Milieu Therapy

Milieu therapy is a complete program for working with people in institutional environments such as nursing homes, general hospitals, and mental hospitals. It has been used successfully with older persons. The underlying assumption is that the total environment is itself a form of treatment and a vital aspect of the entire treatment plan. Milieu therapy moves away from barren custodial environments that provide very little opportunity for persons to experience success, growth, or meaningful activity. The custodial setting generally is limited in its focus to providing physical care and ignores the important social and psychological needs (Coons, 1978).

Milieu therapy gives a person a chance to engage in a variety of social roles. It introduces challenging activities and encourages relationships among patients and between patients and staff. Its activities carry with them the expectation of normal behavior.

All parts of the environment are used in this treatment. The physical setting often has a home-like atmosphere, and staff attitudes usually are enabling and supportive. Activities are used to provide opportunities for increasing levels of achievement.

Milieu therapy is a totally integrated process. Treatment does not take place only in occupational or music therapy classes but 24 hours a day in every room and hallway in the facility.

Every member of the staff should be involved in helping the residents achieve as much independence and growth as they can. Training classes are important so that aides can learn skills and then teach patients instead of taking care of them. Also, milieu therapy allows staff members at all levels to use their own special skills that under traditional staffing patterns would go unnoticed and unutilized.

SECTION H — STUDENT SELF-EVALUATION

Below are questions that will help you review some of the major topics discussed in this section. Circle one or more responses that show what you would do in each case.

1. You have been told that an elderly Hispanic woman is having a difficult problem. You have gone to her home but she will not let you in or talk to you. You should:

   a. go back a second time and leave some written information, preferably bilingual, describing who you are and what you and your agency do.

   b. try to locate a family member and gain access through him or her.

   c. try to find and work through the "broker" in the local community.

   d. stop by the local church to see if the person is known there and work through the church.

   e. all of the above.

2. You have been making home visits to an older man for several years who, though frail in health, has always appeared very alert. On your last few visits his speech was slurred; he seemed disoriented and fell a few times. From this information it would be reasonable to conclude:

   a. he may have a drinking problem.

   b. he may have a drug problem.

   c. he may be having a drug and alcohol problem.

   d. his body is under some kind of physical or mental stress and he needs to be evaluated by a physician or assessment team.

3. You have just found out that someone you have worked with for some time, who has always been in good health, has just been diagnosed as having Parkinson's disease. He is very angry and depressed. You should:

   a. leave him alone because you know that this is a normal reaction and that he will adjust to his illness in time.

   b. see him right away because anger and depression are not appropriate responses.

c. see him soon and let him know that anger and depression are normal responses to news of physical illness and that you would be available to talk to him at any time.

d. let him know that what he is feeling is very normal under the circumstances but that he might like to discuss his feelings more fully with a trained therapist.

4. An older woman that you have known for years and who comes regularly to the nutrition site where you work suddenly cannot figure the amount of change that she wants to contribute for her meals and does not seem to remember your name. Her memory, which has always been excellent, is not very good. You should:

a. continue to observe her behavior to see if she will improve.

b. try to get her to a physician as soon as possible for an evaluation.

c. contact her family and let them know your observations and suggest the need for medical attention.

5. An older woman with whom you are working has just been told that she has three months to live and is very angry, even with you. You should:

a. continue to see her in spite of her anger, be supportive and allow her to come to terms with death in her own way.

b. try to break down this defense mechanism so that she can move on to accepting death and be happier.

c. describe Dr. Elizabeth Kübler-Ross's idea of the five stages of death so that she can begin to see the process and work toward acceptance.

6. You are working with a family trying to help them decide whether a frail family member needs long-term care. It is important for you to:

a. recommend a physical examination so that the family can be clear about the extent of illness and any treatments that might improve the condition.

b. meet with all the family members who are involved to get their opinions about the best arrangements.

c. review home health care that is available in the community.

d. ascertain the older person's desires.

e. all of the above.

Answers to Student Self-Evaluation

1. e. 2. d. 3. Both c and d. 4. Both b and c. 5. a. 6. e.

SUMMARY

In this unit, information relating to special populations was presented. The accompanying text includes sections dealing with minorities, substance abusers, physically impaired older persons, and death and bereavement. This unit of the trainer's manual includes supplemental information for each of those sections. In addition, sections dealing with mental illness, families, and institutions are provided.

RELATED RESOURCES

NOTE: The editor suggests the following additional resources for trainers who want to learn more about minority elderly.

FILMS

Old, Black and Alive. Washington, D.C.: National Center on the Black Aged, 1830 M Street, N.W., Washington, D.C. 20036

PUBLICATIONS DEALING WITH OLDER AMERICAN INDIANS

Murdock, S.H., & Swartz, D.F. Family structure and the use of agency services: An examination of patterns among elderly native Americans. The Gerontologist, 1978, 18, 475-481.

National Indian Conference on Aging, Phoenix, Arizona, June, 1976. The Indian elder, a forgotten American. Final report on this first conference, prepared by J. Lyon, Albuquerque, New Mexico, Adobe Press, 1978.

New Mexico University, Albuquerque, New Mexico, Gerontology Center. A project to develop, test and apply a methodology for designing and implementing tribal operated multi-service delivery systems for elderly Native Americans. Albuquerque, New Mexico, 1978.

Poppy, M.L. Needs assessment in minority aging research. Presented at the Sixth National Institute of Minority Aging, University Center on Aging, College of Human Services, San Diego University. San Diego, California, 1979.

Rogers, C.J., & Gallion, T.E. Characteristics of elderly Pueblo Indians in New Mexico. The Gerontologist, 1978, 18, 482-487.

Second National Indian Conference on Aging, Proceedings of Conference held in Billings, Montana, 1978.

Sorkin, A.L. The economic and social status of the American Indian. Journal of Negro Education, 1976, 45, 432-447.

U.S. Department of Agriculture. Rural Indian Americans in poverty. Agriculture Economic Report No. 167. Washington, D.C.: U.S. Government Printing Office, 1969.

West, K.M. Diabetes, obesity and vascular disease in elderly Indians. Presented at the Second National Indian Conference on Aging, Billings, Montana, 1978.

Williams, B.S. Social, economic and health characteristics of elder American Indians. Washington, D.C.: National Clearinghouse on Aging, 1978. (Statistical Reports on Older Americans, No. 4)

PUBLICATIONS DEALING WITH OLDER BLACKS

Babchuk, N., & Longino, C.F. Aging and primary relations: Racial differentials. Presented at the 32nd Annual Meeting of the Gerontological Society, Washington, D.C., November, 1979.

Bozak, B.A., & Gjullin, E. Nursing homes and the Black elderly. Presented at the 32nd Annual Meeting of the Gerontological Society, Washington, D.C., November, 1979.

Clemente, F.; Rexrcad, P.A.; & Hursch, C. The participation of the Black aged in voluntary associations. Journal of Gerontology, 1975, 469-472.

Dunkle, R.E. Racial differences in the confidant relationship. Presented at the 28th Annual Meeting of the Gerontological Society, Louisville, Kentucky, 1975.

Ehrlich, I.F. The aged Black in America: The forgotten person. Journal of Negro Education, 1975, 44, 12-23.

Faulkner, A.O.; Heisel, M.A.; & Sims, P. Life strengths and stresses. Explorations in the measurement of the mental health of the Black aged. American Journal of Orthopsychiatry, 1975, 45, 102-110.

Heisel, M.A., & Faulkner, A.O. Aging and religiosity. Presented at the 32nd Annual Meeting of the Gerontological Society. Washington, D.C., 1929.

Jackson, J.J. Aged Negroes: The cultural departures from statistical stereotypes and rural-urban differences. The Gerontologist, 1970, 10, 140-145.

Jackson, J.J. Comparative lifestyles and family and friends relationships among older Black women. The Family Coordinator, 1972.

Kernodle, W., & Kernodle, R. A comparison of the social networks of Blacks *and Whites*. Presented at the 32nd Annual Meeting of the Gerontological Society, Washington, D.C., 1979.

Lambing, L. Leisure-time pursuits among retired Blacks by social status. *The Gerontologist*, 1972, *12*, 363-367.

PUBLICATIONS DEALING WITH OLDER HISPANICS

Asociacion Nacional de Personas Mayores. *Program planning and research for the Hispanic elderly*. Report of the Second National Conference on Aging. Washington, D.C., 1977.

Camarillo, M.R. *Areas for research on Chicano aging*. Presented at the National Institute on Minority Aging, San Diego State University, San Diego, California, 1974.

Carp, F. *Factors in utilization of services by the Mexican-American Elderly*. Palo Alto, Calif.: American Institute for Research, 1968.

Cervantes, R.A. Urban Chicanos, failure of comprehensive health services. *Health Service Reports*, 1972, *87*, 932-940.

Heinam, E.N., & Kahn, M.W. *Demographic and lower socio-economic patients from a Barrio Mental Health service*. Presented at the Western Psychological Association Meeting, Anaheim, California, April 1973.

Mendoza, L. *Minority aging populations: Rural vs. urban concentrations — tapping into the networks in process*. Presented at the Sixth Annual National Institute on Minority Aging, University Center on Aging, College of Human Services, San Diego State University, San Diego, California, 1979.

Moore, J.W. *Mexican-Americans*. Englewood Cliffs, N.J.: Prentice-Hall, 1970.

Padilla, A.M., & Ruiz, R.A. *Latino Mental Health - A Review of the Literature*. Rockville, Md.: National Institute of Mental Health, 1973. (DHEW Publication No. 73-9143)

PUBLICATIONS DEALING WITH PACIFIC ASIANS

Carp, F., & Kataoka, E. Health care problems of the elderly of San Francisco's Chinatown. *The Gerontologist*, 1976, *16*, Part I. 30-38.

Kalish, A., & Moriwaki, S. The world of the elderly Asian American. *Journal of Social Issues*, 1973, *29*, 187-209.

Kalish, R.A., & Yeuen, S. Americans of East Asian ancestry: Aging and the aged. The Gerontologist, 1972, 12, 36-47.

Masuda, M.; Matumoto, G.; & Meredity, G. Ethnic identity in three generations of Japanese Americans. Journal of Social Psychology, 81, 1970.

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Brody, E. The mentally impaired aged patient: A socio-medical problem. Clinical Medicine, June 1968.

Butler, R.N., & Lewis, M.I. Aging and mental health: Positive psychosocial approaches. St. Louis: C.V. Mosby, 1977.

Coons, D.H. Milieu Therapy. In W. Reichel, Clinical Aspects of Aging. Baltimore: Williams & Wilkins, 1978.

Ganikos, M.L. (Ed.). Counseling the aged: A training syllabus for educators. Falls Church, Va.: American Personnel and Guidance Association, 1979.

Hall, B. Medical World News. March 22, 1968, 53.

Herr, J.J., & Weakland, J.H. Counseling elders and their families. New York: Springfield Publishing Co., 1979.

Jacobs, B. (Ed.). Working with the impaired elderly. Washington, D.C.: National Council on Aging, 1976.

Raskind, M., & Alvarez, C. Community based crisis intervention techniques in geriatric psychiatry. Seattle, Wash.: Veterans Administration Hospital Department of Psychiatry, Unpublished Manuscript, 1975.

Sayles, A.H. Communication problems and behaviors of the older American. Rockville, Md.: American Speech-Language-Hearing Association, pp. 12-13, 16, undated.

Silverstone, B., & Hyman, H.K. You and your aging parent. New York: Pantheon Books, 1976.

Select Committee on Aging, U.S. House of Representatives. Aging and mental health: Overcoming barriers to service. Washington, D.C.: U.S. Government Printing Office, 1980.

UNIT X

SPECIAL TIPS FOR SPECIFIC WORKERS

Jimmy R. Walker

Leslie K. Burke

Jimmy Walker received an EdD in counseling and higher education from Oklahoma State University in 1967. He presently holds the position of Associate Professor of Educational Psychology and Guidance at the University of Texas at El Paso. He has consulted with a variety of agencies primarily in the areas of training group leaders, peer counseling, and stress management. The agencies include public and private schools, a federal prison, mental health and mental retardation services, CETA, probation departments, and the El Paso Council on Aging.

In addition, his professional interests include faculty development and instructional improvement, and group work with older persons. For the past four years he has served as trainer for "Project Full Life," a program in which persons 55 years and older are trained as discussion group leaders.

Leslie K. Burke received her BA in psychology from the University of Texas, El Paso, in 1972 and an MA in educational psychology and guidance in 1974. She attended the University of Southern California for one year and two summer institutes at the Ethel Percy Andrus Gerontology Center. Presently she is a doctoral student at New Mexico State University studying educational management and development with a specialization in aging.

Her work experiences include serving as a counselor in private agencies and as a trainer for Project Full Life, a peer facilitator training program for older persons. She has been director of three different senior centers for the Parks and Recreation Department in El Paso, Texas and is a consultant to the Mayor's Office on Aging for the City of El Paso. Her interests include long-range planning services in aging and policy research on aging.

UNIT GOAL

The goal of this unit is to augment the material in the Basic Helping Skills text by providing additional activities and cases. Dramatizations and role-playing situations are meant to provide the trainer with additional material to use in training in more advanced skills.

Focus of Materials for Trainers:

- supplemental activities and instructions
- additional skills, techniques, and knowledge for advanced trainees
- specialized material for specific groups
- suggestions for using material in training sessions

INTRODUCTION FOR THE TRAINER

This unit is written to supplement the corresponding unit in the text. It includes additional vignettes, exercises, and activities adaptable to groups of trainees. Situations are included to help the trainer tailor the material for service providers whose clientele includes only a small number of older persons (e.g., policemen, teachers).

The skills included in this unit are intended to complement those in the text. Also, more complex skills are introduced for the use of trainers working with trainees in small group situations.

The exercises and activities are designed to help trainees sharpen their "people skills." In each situation it is suggested that they stop, look, and listen. Stop for just a moment, get outside yourself, and focus on the other person. Look so as to really see, and listen in order to understand.

The trainees with whom you will be working want to be helpful. They often encounter situations similar to the ones described in the text and the ones added here. Practice in role-playing in small group situations will help them enhance their level of knowledge and improve their skills. The situations are brief, but by dramatization and the use of their imaginations the trainees can make them more lifelike.

SECTION A — PROVIDERS OF COMMUNITY SERVICES TO OLDER PERSONS

Part 1 - Van Driver

Situation

Mrs. Washington has just returned from her daily run transporting 15 elderly persons, 9 women and 6 men, to and from the nutrition center. As she looks back over her day, she is somewhat dissatisfied with what she did. Between now and Monday, she says to herself, I'm going to think of some ways to make this job better for them and for me.

As she analyzes her job, she concludes that she can divide it into four parts: driving, greeting people, listening, and saying good-bye. She decides she wants to improve the way she reacts to bad moods, criticism, and other negative behavior.

Teaching Tips

- You cannot control the negative responses of others, but you will feel better (and probably they will, too) if you greet them cheerfully, use their names, and say something positive to them.

- You may need to make notes in order to remember people's names, things you notice about them, and things they tell you. While you are waiting, and van drivers do a great deal of waiting, start a notebook. It can be helpful to look it over before a run until you know all the people.

Skill Building Activities

1. Have each person in the group make a list of things Mrs. Washington could do. (Example: Learn people's names and use them.)

2. Go around the group and practice saying good-bye in different ways. Avoid worn-out expressions such as "Have a nice day."

Part 2 - Senior Center Staff

Situation

Mark, the Center's weekend recreation room supervisor, gets a complaint. Apparently a group of six men are monopolizing the pool tables despite rules that require accommodating different players after each game. Mark is an 18-year-old college freshman. He is respectful of older people, but reluctant to assume any authority over them.

Teaching Tips

- You can be kind, firm, and courteous all at the same time.

- Avoid arguments. Explain the rules if necessary. Be clear about what you want the people to do.

- Ask others for cooperation and to help you do your job.

Skill Building Activities

1. Which of the following responses do you like best?

   a. I'll report it to the Director.

   b. You tell them it's your turn.

   c. That's not my job.

   d. I'll remind them of the rules.

2. Simulate a situation in which Mark ensures that new people get their turn. How can Mark use his age as an advantage?

Be prepared for "What if" questions. For example, What if they refuse to abide by the rules? Have the group discuss alternative responses.

Part 3 - Nutrition Center Staff

Situation

As he is monitoring the serving line, Oscar hears a thump and a crash. He turns quickly and sees a lady lying on the tile floor. Her tray of food is scattered on the floor, and her water glass is shattered. Oscar rushes over and cries, "Oh, my God, you've probably broken your hip." Standing over the lady, he shouts toward the kitchen door, "Somebody call an ambulance!" The lady who has fallen gets up, brushes herself off, and walks brusquely out the door.

Teaching Tips

- Be calm. Educate yourself to know the difference between a life-threatening emergency and a less serious accident.
- Knowing what to do will help you be efficient and give effective, appropriate help.
- A very important consideration is to protect people from embarrassment.

Skill Building Activities

1. Discuss Oscar's behavior. Put yourself in the lady's place.
2. Discuss what you need to know about these emergencies: burns, cuts, fights, heart attack, fainting, choking, seizures, and over-medication. How could you get the necessary emergency first aid training you need?
3. Practice calmly checking with an injured person, showing that you are concerned and caring. Assess the person's condition and determine what needs to be done next.
4. Talk about how you feel when you trip on stairs, have minor accidents, and so forth. What do you want others to do when such things happen to you?

Part 4 - Adult Day Care Staff

Situation

Her very first day on the job as a staff member, Mrs. Plotkin was cornered by Mrs. Hakim, and the following conversation ensued:

Mrs. Plotkin: Noticed what?

Mrs. Hakim: Why, them checking on me.

Mrs. Plotkin: Checking on you?

Mrs. Hakim: Yeah, all those long aerials, and several of them were actually talking on the phone, telling the others I was coming."

Mrs. Plotkin: I see.

Mrs. Hakim: They're trying to get my money, that's what. But they won't, I'm too smart for them. They don't even know where it is.

Mrs. Plotkin: It's good that you're taking care of yourself. Will you show me how you're doing on your macrame project?

Mrs. Hakim: Sure, I'm more than half finished, but I need some help right here.

Teaching Tips

- In such instances, do not argue or try to convince the person that he or she is imagining things.
- Calling such behavior by some fancy name probably never helped anybody.
- You can usually redirect the conversation without agreeing or disagreeing with the person's suspicions or fears.

Skill Building Activities

Discuss the group members' experiences with similar behaviors. Practice applying the basic principles: Do not argue, disagree, or agree. Redirect the conversation if you can. Give assurance and support in other areas of the person's life.

SECTION B — IN-HOUSE WORKERS

Part 1 - The Door-to-Door Helpers

Situation

Laura Garcia of the Visiting Nurses Association calls on Mrs. Johnson every Wednesday morning as part of her duties. On this particular morning Mrs. Johnson comes to the door crying and almost out of control.

Teaching Tips

- Tears can mean many different things: joy, sadness, fear, anger, relief, and so forth.
- If you catch yourself telling someone "Don't cry," stop. Telling older persons not to feel what they are feeling or express what they want to express is rarely helpful.

Skill Building Activities

1. Discuss in a group times you have cried or wanted to.
2. How did you want others to respond?
3. What was helpful to you?
4. Have the group come up with its own list of helpful responses.

Part 2 - Drive-a-Meal or Meals-on-Wheels Provider

Situation

Susan Gibson has volunteered to deliver meals for one month. In an orientation session, she was cautioned about spending too much time making any one delivery. On her second call she was met at the door by Mr. Donati, age 86, who was visibly upset.

As Susan put the prepared meal on the table, he told her that he had a terrible problem, neither his stove nor any kitchen appliances would turn on. Susan asked him if he had checked his fuse box, and he said that he had not thought of that. Susan asked whether he had extra fuses and also if he had the telephone number of someone who could help him if he needed further assistance. He said yes to both questions. Susan assured herself that he would call for help if he needed it and left.

Teaching Tips

- It is not helpful to do something for someone that they can do for themselves.
- Watch out for helping too much.
- You can be efficient without being discourteous.

Skill Building Activities

1. Have one person, preferably a woman, solve the problem for Mr. Donati. Have another person be Mr. Donati and discuss his feelings.
2. a. List the problem-solving steps Susan took.

   b. Evaluate her behavior.

   c. Should she have done more or less?

   d. Discuss each response.
3. Have the group bring up similar situations they have encountered and discuss what they did.
4. Have the group discuss whether Mr. Donati's reaction would have been the same if Susan were a man.

Part 3 - Homemakers — Help on the Home Front

Situation

"Dolores, I want you to stop what you're doing and take me shopping. I can't drive, but we can take my car." This request by Mrs. Hodge made Dolores very uncomfortable because she had been instructed very specifically about what she could and could not do as a Homemaker. She decided to try an easy way out. "Mrs. Hodge, I'd really like to take you, but I don't think I could drive your car; besides I lost my driver's license."

Teaching Tips

- Remember that we have little control over the requests others make of us, but we have a lot of control over our responses.
- It is alright to say no.
- A problem with saying yes when we really want to say no is that it leads to resentment, avoidance, and defensiveness.

Skill Building Activities

1. Of the following responses, which do you like best? Why? Can you think of a better response?

   a. The response Dolores gave.

   b. "O.K., but we'll have to do it after 4:00 p.m. when I'm off work."

c. "I would enjoy that, but it's against the rules. Can I help you find someone else to take you?"

d. "You're always asking me to do something that I'm not supposed to do."

2. Practice responding to requests genuinely and appropriately. The following are suggested "pump primers." Allow members of the group to create their own requests. Stress being truthful, kind, and firm.

Request: Give me ten dollars.

Response:

Request: Loan me your car for a couple of days.

Response:

Request: Please call my boss and tell him I'm sick.

Response:

Part 4 - Friendly Visitors

Situation

Charles just did not like Mrs. Edwards. She was always complaining about her neighbors. Charles believed that she was not only a pain in the neck, but a racist as well, so he kept his visits as short as possible. As he approached her door he thought, "I'll be glad when this is over."

Mrs. Edwards greeted Charles at the door: "Good morning. Just wait 'til I tell you what those neighbor kids did."

Teaching Tips

- There is nothing in the rules that says you have to like everyone. In fact, saying that you do would be false and foolish.

- Also, you can be sure that everyone is not going to like you all the time.

- Getting into a negative rut and ignoring everything positive about a person is a common human pitfall. Watch out for it. Deliberately look for positive things in other people.

Skill Building Activities

1. Have the training group members use their creative imaginations and list as many positive things about Mrs. Edwards as they can in two minutes. Write these on a board or on paper so everyone can see the whole list. This will require going beyond the information given.

2. Discuss some reasons Mrs. Edwards might have for being very negative: loneliness, physical or mental conditions, and so forth. Help the group move toward acceptance rather than approval.

Part 5 - The Housing Complex Worker

Situation

Being responsible for counseling and social activities for 400 residents in two housing complexes for older persons keeps Mr. Contreras hopping. Despite his 15 years of counseling experience in an agency and the fact that he is close to his charges age-wise, he finds his job difficult at times. His biggest problem is rivalry among various cliques. Some of these are formed along racial lines and some are not.

If a dance is being planned, there is argument over which band to play what kind of music. If it is a picnic, there are inevitable arguments about the kind of food and the place. Mr. Contreras wants everyone to be happy. What can he do?

Teaching Tips

- Sometimes older people imagine they can move back into their homes or in with relatives if they depict their current living conditions as bad enough.

- If your stereotype of older persons is of people who are always kind, cooperative, and generous, you need some more real world experience. The bad news is that they are no different than you and me.

- Sometimes thinking small is necessary to gain confidence and to provide a foundation to build on.

- Give yourself credit for every success.

Skill Building Activities

1. Discuss how Mr. Contreras's unrealistic expectations might be a source of trouble for him.
2. List 10 reasons people (any people) might complain.
3. Brainstorm some small steps that Mr. Contreras might take to improve human relations in the complexes.

Part 6 - Information and Referral Workers

Situation

Mrs. Walters, who is retired, worked for the past 10 years as a receptionist in a physician's office. As we listen to her response to three successive callers, we hear the following: (Note: We only can hear Mrs. Walters' responses; we cannot hear the callers.)

Call #1: "Why hello, Senora Lopez, it's nice to hear your voice. ----- How did I know who it was? Well, I remember you. ----- I see. Well, if I were you, I'd see a doctor about that cough."

Call #2: "Why yes, Mrs. Carter, I have a list of the classes right here. ----- I hope you'll feel well enough to start with the class on Monday. ----- That weakness you talk about sounds like anemia to me. The Clinic is open this afternoon. You better go get a blood test."

Call #3: "Yes, I remember you. You called last week about wanting to know when the next dance was at the center. I must admit I've forgotten your name. If you'll tell me once more I'll write it down and remember it. ----- Thank you. How's your hip? I certainly hope you're doing your exercises and taking your medication."

Teaching Tips

- Be very sparing with your advice. Mrs. Walters is in effect, practicing medicine over the phone.
- Once you start thinking about giving information or advice, you will tend to stop listening.

- Your most important function is to listen. Don't let giving information get in the way of that. There are many, many sources of information available, but very few listeners.

Skill Building Activities

1. List and discuss five positive things that the I and R worker did.
2. Have one person tell the group something that happened to them (30 seconds to one minute), then arbitrarily ask a group member to repeat what the person said. Ask the speaker to tell if anything was left out. This can be repeated until everyone has had a turn. Telephone calls can be simulated by using tape recorders or intercom systems. Of course there is no reason the telephone itself cannot be used in training.
3. Simulate a telephone conversation. Have one person be the listener. The listener lets the other person know that he or she is being heard. Give information and check to see if it is understood and accepted. Practice closing the conversation so that the caller will feel free to call again if there are further problems.

SECTION C — LONG-TERM-CARE STAFF

Situation

"This place is like a prison! What have I done to be put in a place like this?" This was Susan's greeting as she went into Mrs. Fischer's room at the Northridge Nursing Home. Susan, a nurse's aide, inquired about the problem. It seemed that Mrs. Fischer had been assigned a roommate who neither spoke nor understood German, her native language. The main problem seemed to have been which television programs they were going to watch the previous evening.

Although a solution seems aparent to Susan, she is hesitant about approaching her supervisor. She has already been reprimanded for babying the patients too much.

Glancing at her watch, Susan sees that she is due in a staff meeting in five minutes and she has two more patients to check on before the meeting. As she turns to leave, Mrs. Fischer shouts: "You're just like the others. You don't care about me!"

Teaching Tips

- Take care of yourself. It sounds like Mrs. Fischer can take care of herself. It is Susan who is experiencing the stress.

- Accusations such as, You baby the patients too much, You don't care about me, are merely opinions, not facts.

Skill Building Activities

1. Role-play Susan telling her supervisor what she wants to tell her.
2. Write on the chalk board some good responses Susan could make to Mrs. Fischer.
3. Brainstorm ways susan could deal with the stress of her job more effectively.

SECTION D — PUBLIC SERVICE PROVIDERS

Part 1 - Receptionist - Secretary

Situation

Harry, age 71, has not heard from his daughter and grandchildren for two weeks. They usually drop by to see him on Sunday afternoon. Today he is feeling very sad and dejected. As he approaches your desk, he says: "The trouble with this place is that everybody's ripping off the government; they don't give a darn about the people they are supposed to serve."

Teaching Tips

- Remember:
  - a. You are not responsible for Harry's feelings.
  - b. You do not have to defend yourself or your agency or service.
  - c. He is trying to tell you something so do not let his words keep you from getting the message.
- Remember that even though you may resent interruptions, it is more efficient as well as effective to give each person your full attention.
- Responding to Harry's feelings rather than his words will probably help you understand him better.

Skill Building Activities

1. Role play the situation described above. Stop. As Harry approaches your desk, give him your complete attention. Look. What do you see? What do

you notice in his facial expressions? What can you see in his posture; his gait; his other movements? Listen. Have the helper answer these questions: What did you hear? What, other than the words, is contained in his message? What feelings are present? What does his message mean? Now have others in the training group discuss these questions.

2. Discuss the problem of interruptions. What pressures do you feel that interfere with your giving older persons your full attention?

3. Discuss the feelings Harry may be experiencing and practice responding to them.

Part 2 - Employment Service Worker

Situation

Mr. Marks says to you: "I need to work, maybe part-time, but I don't really know what to do. Since I've been retired I've had a hankering to do something with my hands. You should see the wood work I do as a hobby. But I don't know. I don't see as well as I used to, and I'm 68 so maybe nobody would hire me!"

Teaching Tips

- Stress the positive. A person who has made it to retirement has tremendous strengths and positive potentials. Focus on those.

- Mr. Marks needs to feel useful. Encourage him to use his abilities.

Skill Building Activities

1. Stop, Look, and Listen to the whole message. Then make a list of all the feelings you imagine Mr. Marks is having. Discuss.

2. Make a list of all the positive attributes you can see in Mr. Marks. What does he have going for him? What are his strengths?

3. Rewrite the situation statement so that it is positive, confident, and hopeful.

SECTION E — GENERAL TIPS FOR WORKING WITH OLDER PERSONS

— Have the trainees discuss the list of general tips provided in the text.

— Which ones do they think are most important?

— Which ones do they think are least likely to be useful?

– Which ones have they used successfully?

– What tips would they add to this list?

SECTION F – ADDITIONAL WORKERS AND SITUATIONS

Part 1 - Hospice Worker

Situation

Mr. Evans is expected to live only a few months. While many people face impending death with anger or depressive withdrawal, Mr. Evans seems cheerful enough, but he refuses to talk or engage in any activity. His time is spent sleeping, eating, and sitting quietly by himself.

Teaching Tips

- Mr. Evans has a right to refrain from talking if he so desires; however, talking can help and refusing to socialize can be the first signs of oncoming depression.
- Fear of being rejected or making the older person angry can cause a worker to stay away from a dying person.
- Just being there giving your time and attention can be very comforting to a person.

Skill Building Activities

1. Discuss each of the following situations involving a hospice worker.

   Situation a. Charles shares stories, jokes, and limericks with Mr. Evans, watching his responses very carefully.

   Situation b. Mary tells Mr. Evans: "If you need me, call me. Otherwise I'll leave you alone."

   Situation c. Robert says: "I'd really like to hear what it was like growing up on a farm as you did. It must have been a lot different from what it is today."

2. Discuss other situations hospice workers may encounter.

3. Conduct a reminiscence group among the trainees. Allow them to experience the excitement of talking about the old days. (Refer to Section C, Unit VI - page 154, on the life review.)

At the conclusion of the group discussion, process it, discussing what each person gained from the experience.

Part 2 - Police and Security Personnel

Situation

Bruce was answering the phone at the station that day. It was the fourth time Mrs. Kingsley, a 78-year-old widow, had called that afternoon, and his patience was wearing thin. She was calling about the gang of kids in her neighborhood who were tearing up her property, throwing rocks at her house, smoking pot outside her bedroom window, shooting salt into her air conditioner — and what were the police going to do about it? "Why me?" thought Bruce as he politely told Mrs. Kingsley that the police were doing all they could. He tried to explain again that the officer who was sent to investigate was unable to find enough evidence for further action. Mrs. Kingsley demanded to speak to his supervisor.

Teaching Tips

- Loneliness and the hunger for attention that goes with it often lead older people to make unrealistic demands.
- Sometimes a listening ear is the best thing you have to offer.
- Even if the facts are imagined, the fear or anger that the older person feels is very real.

Skill Building Activities

1. What should Bruce do? Should he:

    a. Tell her, "Lady, I am the supervisor," and hang up on her?

    b. Keep trying to explain to her why nothing else is being done?

    c. Tell her he will send someone else out to investigate further and then try to arrange it?

    d. Suggest ways that she can make herself feel safer inside her house?

    e. Tell her that he knows she is upset, that he wants to help, but that he has not yet found a way to do so?

    f. Listen quietly and pray for the day to be over so he can go home and prop his feet up with a cool one?

Discuss these and other alternatives.

2. Have the trainees list situations involving problems with older people and discuss alternative ways of dealing with them.

Examples:
- a. An older man wants to make the rounds with you.
- b. An older person is ill or drunk.
- c.
- d.
- e.

Part 3 - Teachers of Mature Learners

Situation

Juan, in his second year of teaching English composition at the local community college, has two problem students. Accustomed to teaching classes of young adults sprinkled with a few retired military men in their 40s, he was surprised to see George, age 71, and Molly, 77, in his class.

George writes very well, but he constantly seeks attention both in the class and outside. He has an opinion on every subject and talks at length in class about his past experiences. Outside of class he also demands a lot of Juan's time.

Molly's writing is a problem. She writes the way she speaks; and while her papers make sense phonetically, grammatically they are disasters.

Juan does not know what to do. He is very reluctant to confront George. He feels sorry for Molly and does not want to hurt her feelings with a low grade.

Teaching Tips

- Age does not excuse irresponsible behavior. George should not be denied the opportunity of knowing how his behavior is seen by others. This means that you do not have to shield him from the reactions of his classmates.
- Give meaningful assignments. Avoid being patronizing or condescending to older people.
- Treat George and Molly as you treat your other students. Encourage them, but hold them responsible for their actions.

Skill Building Activities

1. Role-play several ways Juan could give George attention for appropriate behavior.

2. Role-play this scenario. Juan is meeting in his office with Molly to discuss a composition that is covered with corrections. Discuss the delicate balance between being encouraging and being honest.

SECTION G — ADDITIONAL ACTIVITIES AND EXERCISES

The material that follows can be used as homework during the course of a training session whether it covers a few days or extends over a longer period of time. As in the preceding material, the information given is sketchy. Encourage trainees to be creative and to use their own experiences in similar situations to expand the content of the examples given.

Many of the principles presented apply across a number of service provider roles, so use the material in a flexible manner. Often a group will enjoy negative examples. For example, a demonstration of a receptionist doing her nails and not listening to an older person can be used. This provides some levity while emphasizing a very important point.

Part 1 - A Checklist on Your Powers of Perception

Use this list to give yourself concrete, constructive feedback about how well you look and really see. If you have a friend or co-worker who will work with you on this, it will be even more valuable.

Identify at random one older person with whom you dealt in the past day or two.

a. What was the person wearing? Describe his or her clothing in detail, including colors. (Note: Do not evaluate, just describe.)

b. What was the older person carrying? Describe that.

c. Describe his or her manner of walking and posture.

d. What movements was the older person making with his or her hands and feet? Any other body movements?

e. Describe his or her facial expression.

f. What was the speech like? Fast? Slow? Slurred? Excited?

g. Describe anything else you saw—eye movements, skin color, and so forth.

Use this checklist periodically to improve your powers of observation. The more you are able to stop what you are doing and focus on the other, the more you will see and hear.

Part 2 - Listening for Feeling and Meaning

1. Use any of the case examples of situations presented in this section and write down all the feelings you believe the older person to be expressing.

2. Now write, very briefly, the meaning of each. Example: In the receptionist-secretary vignette, Harry says, "The trouble with this place is that everybody's ripping off the government; they don't care about the people they are supposed to serve."

   a. What feelings do you hear?

   b. What might the message mean?

   c. Who is "everybody?"

d. Who are "they?"

Practice this using other examples.

Part 3 - Making Nondefensive Responses

One principle emphasized in this unit was that you do not need to spend a lot of energy justifying your job or defending yourself, even when you are questioned, challenged, or attacked. Practice making nondefensive statements to the following:

a. To van driver: Where did you learn how to drive? I hope we make it there in one piece.

b. To a long-term care staff member: You really should pay more attention to people. You're always too busy.

c. To a police woman: An old person isn't safe on the streets anymore. You'd think with all the taxes we pay....

d. To an outreach worker: You just barge into a person's home. I know you're checking up on me.

Create your own statements and make nondefensive responses that show you are trying to hear what the person is saying.

Part 4 - General Checklist

a. Have I avoided talking down to older people?

b. Have I treated them as persons of worth and dignity?

c. In what instances have I helped too much?

d. In what instances have I helped too little?

e. How has my problem solving worked?

f. How well have I taken care of myself? Am I generally relaxed or mostly tense? Am I able to leave others' problems at the end of a day? Am I allowing myself to have fun?

g. How would/will I change my interactions with specific older persons based on these answers?

Part 5 - Sample Responses

In the material that follows, statements from this unit are repeated along with some possible responses. Test yourself by writing down the response you think is most helpful. If you do not like any of the responses given, write your own. The bullets denote preferred responses.

Specific Worker: Receptionist-Secretary

Mrs. C.: I don't like taking welfare, but my electric bill is so high in the winter.

Responses:

a. What is it that you want to know?

b. You don't like it, but you don't see any other choices.

● c. You're unhappy about having to ask for help, but you just don't see another way.

d. Have you thought of getting a wood stove?

e. Perhaps we can help you find ways to save electricity.

Specific Worker: Teacher

Molly: I think you're trying to baby me, or you feel sorry for me or something.

Responses:

a. What makes you think that?

● b. You're upset with me. Tell me how I can do better.

c. No, that's not it. I admire old people who go back to school.

d. In the future, I'll treat you like I do the others.

e. What do you want me to do?

Specific Worker: Policeman-Policewoman

Mrs. K.: If you're not willing to do anything, I'm going to report you to your supervisor.

Responses: ● a. I can understand your being upset. We'll do what we can.

b. Don't threaten me.

c. Just a minute, I'll connect you with my supervisor.

d. Lady, why don't you leave us alone?

Specific Worker: Outreach Worker

Doc: You've come to take me away.

Responses: a. You won't get anywhere always being so suspicious.

● b. I've come to help you, not take you away.

● c. You're suspicious of me, afraid I'll have you put in a home.

d. What makes you think that?

Specific Worker: Drive-a-Meal

Mrs. B.: I have to talk to you!

Responses: a. I'm in a hurry.

b. O.K., but I only have three minutes.

c. You know the others' food will get cold if I stop and talk to you. You'll be all right.

● d. You seem very upset, can it wait or should I call your neighbor to come over?

Specific Worker: Hospice Staff Member

Ida: I'm old and ugly and I don't want anyone to look at me.

Responses: a. You are not ugly, you're beautiful!

b. You'll feel better tomorrow.

c. Look, it's beautiful outside. Look at those clouds!

● d. You're feeling really down; sometimes you just wish we'd go away.

Specific Worker: Information and Referral Specialist

Caller: I don't have a problem, I just called to cheer you up. You must get tired of hearing complaints all day.

Responses:
- ● a. Why Mr. Brand, what a nice thing to do! Thank you. I'm delighted!
- b. Please get off the line. This service is for people with problems.
- c. Everybody has problems. What can I do for you?
- d. You want to make me feel better. Why?

SUMMARY

In this unit a number of lifelike situations have been presented. Service providers can improve their helping skills by discussing these cases, adding their own experiences in similar situations, and practicing alternative responses.

The emphasis has been on thoughtful, deliberate responses as opposed to impetuous reactions. The trainees are asked to use all their powers of perception and particularly to listen very carefully. For the most part it was assumed that the quality of trainee problem solving will improve greatly if it is built on the stop, look, listen foundation.

The creative trainer can use this material to enable service providers to work more effectively and compassionately with older persons. Training that encourages them to change inappropriate responses and to use their natural abilities to help others will enable them to continue learning and improving. This is the best antidote for discouragement and burn-out.

As service providers (whether volunteers, paraprofessionals, or professionals) develop more choices and creative responses to situations, they will surprise themselves as their services to older persons become more and more rewarding.

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UNIT XI

KEEPING UP THE GOOD WORK

Charles Timothy Dickel

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He has been active in promoting counseling services for older persons through professional lectures, research, presiding over the Eastern Nebraska Office on Aging's Senior Companion Program's Advisory Council, and serving on the American Personnel and Guidance Association's Committee on Adult Development and Aging. His professional interests include helping others meet the needs of older people, and toward this end he has conducted workshops for older peer counselors, service providers, university students, children of older parents, clergy, and the police.

He earned his doctorate in counseling and guidance from Indiana University in Bloomington in 1973 and is currently working on a certificate in Gerontology at the University of Nebraska at Omaha.

UNIT GOAL

The goal of this unit is to give the trainer additional information on, as well as provide insight into, the importance of trainee attitudes toward continued growth. The outlining of specific activities and discussion of potential trainee concerns are designed to help the trainer consider factors that affect trainee involvement in continued growth.

Focus of Materials for Trainers:

- supplementary information
- professional and continuing education resources available
- supplementary suggested activities

INTRODUCTION FOR THE TRAINER

The purpose of this unit is to instill in the trainee enthusiasm and a desire to continue to grow. The skills to be taught include using supervision and feedback, reviewing one's own effectiveness systematically, and forming and managing a support group. In addition, the trainee is encouraged to continue growth through participating in both continued learning and organizational involvement.

In presenting Unit XI, the trainer will be teaching skills and attitudes. It seems that the attitudes, however, will be more important than the skills, for they are what will translate into the trainees' efforts to go beyond where they are currently in terms of abilities and knowledge. As with the other units, the trainer will need to be a model of enthusiasm for growth and will need to express continually the value of supervision, self-review, support groups, continued learning, and organizational participation. It is suggested that the trainer role-play supervision and feedback activities, that trainees be encouraged to present actual needs of older persons for group discussion of the self-review "map," and that the trainee group become a practicing support group when the needs of older persons are being discussed. It may be helpful if the trainer is familiar with local continuing education resources and with local organizations interested in older persons, so that specific contacts can be suggested or even guest speakers brought to the training sessions.

At the final training session, the trainer may want to consider discussing with the group that it is through their own growth as helpers that persons with whom they work will grow. Through their continued development of skills and acquiring of knowledge, the older people they serve will have better access to helping abilities and information. As the quality of the helper's life is improved; so too is that of older persons with whom the helper works.

SECTION A — CONTINUED DEVELOPMENT OF HELPING SKILLS

Part 1 - Ongoing Supervision and Feedback

The following two exercises may help to reinforce the points made in the section on continued development of helping skills. The first encourages trainees to gather resource information, and the second assists in developing skills using the systematic self-review procedure.

Myers (1978) has developed the following list of the counseling needs, or presenting problems, of older people. For each problem on this list, have the trainees write down all of the sources of help (people and agencies) that they can think of. When they have trouble thinking of resources, invite them to ask you or to do community and regional research. Set a completion time or date and then share the results with the group. The compilation of a group resource book may be in order. The following presenting problems are from Myers' (1978) Older Persons Counseling Needs Survey:

Problem

Trouble finding a ride when needed

Hard to budget within current income

Not happy with spare time activities

Hard to deal with relatives

Not enough visitors to his or her home

Need help in doing shopping

Concerned about mental health
Hard to prepare meals

Hard to make decisions

Concerned about physical changes in getting older

Felt better about self when younger

Hard to develop friendships
Have abilities that are not being used

Hard to show feelings when with a group of people

Need help with housekeeping chores

Concerned about sexual feelings

Hard to find needed social services

Concerned about adjustment to retirement

Hard to find things to do to feel useful

Hard to find legal help

Housing does not meet needs

Trouble dealing with death

Hard to find a job

Concerned about marital situation

Hard to find classes in subjects that are of interest

Not happy with available planned recreational activities

Concerned about present health

Need for spiritual or religious direction

Part 2 - Self-Review of Effectiveness

The following activity can help trainees use the self-review map. The map is a systematic way of helping that can be the basis for presenting a helping effort and for deciding where and how a trainee can work to meet the older person's needs. When trainees all use the same map for helping, each will be able to give specific suggestions when his or her efforts are discussed.

Ask each trainee to write down the list of seven steps of the map. Next, using the list and knowledge of the map, each trainee should take an older person with whom they are working, or with whom they once worked, and fill in the details for each step. For older persons with whom they are currently working, have them guess at the steps that are not known. When everyone has completed writing down the details, each trainee should share his or her map and ask for step-by-step comments and feedback. Encourage trainees to ask questions of the presenter to indicate when not enough information has been given.

SECTION B—SUPPORT SYSTEMS

The two exercises in this section are intended to be examples of activities for support groups. Service providers can practice these during training for later use in their support groups, and they can be used over and over again in the groups.

a. As a way of getting trainees to talk about their feelings, ask one to read these directions to the group:

   Close your eyes and settle in your chair as comfortably as you can. Now, take a really deep breath and let it out very slowly. You are relaxing. Take another deep breath and let it out to relax even more. I want you to begin to think of an older person to whom you have provided a service. What needs does this person have? What feelings do you have when you think about his or her needs? In your mind, spend some time listing the needs and your feelings. (Pause for a few moments.) Open your eyes and volunteer to share your thoughts with the group. Practice your helping skills by summarizing the thoughts of the person who speaks before you.

b. In the last exercise, trainees listed in their minds the needs of one of the older persons with whom they work. In this exercise, a trainee should list the older person's needs on a sheet of paper and then write one to three questions the older person wants help in answering. The answers to the questions should help the trainee meet the older person's needs more effectively. If a trainee cannot think of any questions, he or she should ask for help in thinking of some. It may be that a trainee will be afraid to put down questions, because of fear that the group will believe that he or she is not a good helper. Trainees may be told that asking for help is a responsibility and shows concern for the older person, not weakness. When everyone has a list of questions, trainees can take turns retelling about their client and then asking the questions. Other trainees or the trainer then may answer the questions or state who outside the group can answer them.

SECTION C — OPPORTUNITIES FOR CONTINUED LEARNING

Service providers need encouragement to go beyond their current level of training, and the following activities provide a chance for them to commit themselves to continued learning and to receive support for their plans.

a. Ask service providers to discuss their continued learning needs. What are some of their common needs? Unique needs?

b. Ask trainees to share their calendars for continued learning. Ask why this calendar is important to them.

SECTION D — CONTINUED DEVELOPMENT THROUGH ORGANIZATIONS

The trainer may find the following organizations helpful as resources for information and materials regarding aging, counseling older persons, and professional growth.

American Personnel and Guidance Association (APGA)
Two Skyline Place, Suite 400
5203 Leesburg Pike
Falls Church, VA 22041

The American Personnel and Guidance Association (APGA) is an organization of professional counselors. Counselors in schools, colleges, correctional institutions, religious settings, employment offices, and community mental health programs are members of APGA. This organization works to promote the professionalism of counselors through numerous publications and through regional and state branches of APGA. A trainer may wish to write to this organization and request the name and address of his or her state branch president, because involvement at the state level usually is easy to achieve. APGA members meet annually at a national convention, and state branches also hold annual conferences. The national organization annually presents a series of Career Development Workshops (CDWs) throughout the U.S. to promote professional growth as well as growth in skills and knowledge. APGA also has made a commitment to broadening the counselor's knowledge of older persons and the counselor's ability to work with them. The books edited by Ganikos (1979). The Basic Helping Skills Text, and this Trainer's Manual are examples of that commitment. The APGA Committee on Adult Development and Aging works to keep members informed on issues related to counseling older persons. The Committee publishes a free newsletter for persons interested in this area.

Association for Gerontology in Higher Education (AGHE)
600 Maryland Avenue, S.W.
Washington, D.C. 20024

This is a professional organization that brings together colleges and universities that have programs of research and professional education in the field of aging. A letter to this organization requesting the names of member institutions in your area could save you some time in your search for continued learning programs.

Gerontological Society of America
1835 K Street, NW, Suite 305
Washington, D.C. 20006

The society is a professional organization dedicated to encouraging and facilitating "the development of knowledge in all aspects of aging." This is an academic group whose journals publish both original research and articles on the application of research findings.

SUMMARY

In this unit service providers are encouraged to continue developing skills after completion of their formal training. The unit discusses opportunities for continued learning, including those available through professional organizations, explores support systems among service providers as a valuable resource for growth, skill development, and prevention of burnout, and provides trainers with additional information and activities to supplement the material presented in the accompanying text.

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SUBJECT INDEX

A
absenteeism 19
active listening 113,173
adaptation 80
adult day care 231-32
adult development cognitive 62,63.64,74,66,69
Adult Learning Theory 34-39
  information processing 36-39
advocacy 10,161,169,186,193
ageism 55,72,96-97,114,163
aging 62,65,200-03
  biological 9,55,65,74-77
  psychological 9,65
  social 9,65
aging network 7
alcoholics 166,199,200,207,221,223
American Personnel and Guidance Association 259
anger 127-28,143,163,221,241,242
anxiety 81,153,206,207,214-15, 216
aphasia 199-203
assertiveness 113,122,126-27,151-54,161,165,173
Association for Gerontology in Higher Education 259
attending skills 116
attitude therapy 219
attitudes 9,33,34,72,84-86,91-97,255
  see also ageism

B
burnout 50,250,259

C
clients 8
community mental health centers 185,186,209,210,211,258
communication skills training 17,49,113,161
confidant 79
confidentiality 10,104,107,150,164-65
confrontation 153,154
continuing education 255,257,259
counselor educators 5,6,7,17
counselors
  paraprofessional 5,106,115,126,149
  professional 7,8,166,193,258
  peer 166,168
criticism 21
cross sectional research 66-67,70

D
death & dying 9,55,83,173,199,204,211,222,223,241
defensiveness 122,127,234
demography 64
dependency 9,10,104,106,114,122,128-29,143,161,210
depression 80,81,82,107,204,205,206,207,208,210,216,221,241
do's and don'ts of effective communication 10,130,131-33
drug abuse 199,200,207,221,223

E
empathy 10,104,107,113,119-21,127
employment/work 83,193,240
ethics 10,48,58,59,104,106
evaluation 17,19,23,24,51,108,172,191

F
Families 10,160,161,162,199,204,205,210,211-13,214-15,216,223
feedback 19,21,22,23,24,25,42,94,106,108,126-27,130,144-45,154,185,245,255,257
foster grandparents 193
friendship 79,115,160,161,163
follow-up 9,49,168
future projections 10,177-79,182

G
generational differences 114
genuineness 113,121-23
geriatrics 63
Gerontological Society of America 259
gerontology 63
giving advice 126,149,237
giving information 126,143,237
goals 17-19,24
grades 31
Gray Panthers 161
grief 55,81,107,177,207
groups 10,148-49,156,161-69
  advantages 162-63
  cohesion 19
  differences for old and young 166-67
  disadvantages 164-65
  group management 167-68
  selection for 162
  self-help 164,166
  types of 165-66

H
hearing/audition 35,73,75-76,82
helper characteristics 105,106,108,150

H
helping relationships 104-108,112,115
  formal & informal 106,116,149
  resistance to 105-06,115
  barriers to 113,149
  facilitative conditions 113
  beginning 113,115-16,149
homework 22-23,25
hospice 241,249
hypochondriasis 82

I
independence 10,107,161,211,214
institutions 10
information and referral 193,237-38,250
integrity vs. despair 80
intelligence 65,66,69,70
interference 37,40
interviewing 149,150-51

J
judging 113

K
know thyself 91,99,100,114 see also self-awareness

L
learning
  age-related changes in 65,66,69,71,73,82
  formal vs. informal 37-38,217
  incidental 39
  principles of 17,34-39
leisure 72
life review 80,154-55,166,241
life satisfaction 77-78
life span perspective 62,63,64,70
long-term care 83,162,163,178, 199,212-14,216-17, 219,223,238
loneliness 81,163,207,236,242
longitudinal research 66-67,70
loss 9,55,80,81,107,177, 190,207-08,211,215

M
massed vs. distributed practice 19
memory 9,35-37,41,65,69, 73,82,206,217
  primary 35,36,39
  secondary 35,36,39
  sensory 35,39
mental health services 185-86,193,204-05
mental illness 10,80,82-83,198, 199,204-211,223
  manic depressive 82
  paranoid reactions 82,207-09
  senile psychosis 207
milieu therapy 216,219-20
minority elderly 199-200,223
motivation 72,95-96,100

N
non-verbal communication 116,176
nursing homes see long-term care
nutrition 76
nutrition sites 231

O
old-old 65
Older Americans Act 7,193
older people 5,8,63,80,97,161, 185,186
organic brain syndrome 82,205-09,210
  acute 82,206-07
  chronic 206,207-09
over-assisting 10,114

P
paraphrasing 113,116-17,130,134-43
personality 65,77-79,80,81,208
physically impaired elderly 199,200
planning courses
  content sequencing 17,18
  goals 17,18
  length of training 17,18,19 see also session planning
practice 20,37
problem solving 42,53,65,250
professional organizations 258-59
psychopathology see mental illness

Q
questioning 113,117-18,134-43, 150,258

R
reality orientation 166,211,216-18
referral 8,55,115,116,182, 185,193
reflecting feelings 113,118,130,134-43, 151
reinforcement/reward 21-22,37
reminiscence see life review
remotivation 218-19
rescuer syndrome 10
resistance 105-06,115,127,143
resocialization 218
respect 97,114,123-26,128, 129
responsibility 104,106,129
retirement 83,107,214,240
  planning 165-66,193
role confusion 10
role playing 19,25,108,130,134-37,143-45,228,238, 244,255
RSVP 192,193

S
SAGE 165
self-awareness 91-92,95,105,191

S

- self-disclosure 91,113,121-23
- senior centers 162,163,230-31
- senior companions 192,193
- self-esteem 10,107,155-57,161, 163,168,190,193, 207-08
- self-examination 6,10,108-110,151, 199,221-22,255,257
- sensation, perception and information processing 66,69,73
- service providers 5,7,8,48,66,91,95, 105
  - roles 10,115,126,185, 186,209-11
- session planning 19-22
  - consistency of format 19-20
  - feedback 19,21-22
  - role playing 19,21
  - sequencing of activities 19-20,24
- stereotypes of aged see ageism
- stress 81
- stroke see aphasia
- suicide 81,107,204,207
- supervision 7,9,10,19,48-59, 151,180,187,188, 193,255
  - activities 56,57
  - contracts 49
  - ethics in 58
  - in aging network 54
  - innovative 58-59
  - support 57
- supervisors 7,49,205
- supervisory models 50-52,56
  - relationship & experience 50-51
  - instruction & evaluation 50-51
  - support & problem solving 50,52
- support groups 19,50,91,255,257
- support networks 10,50,82,155,157-61, 173,184
  - community service 79,83,184,187,193, 210,216
  - natural. 79,83,187-88,192, 205,210,211-12,259

T

- taping 20,53
- taste & smell 76
- teaching adults 9,29
  - differences between younger learners 31-33
  - key points in 33-34
  - philosophy of 29-30
    - criteria of 30-31
  - principles of 39-43
- team approach to training 7
- terminal drop 70
- termination 9,230 see also future projections
- termination skills 172-182
  - ending a visit 173-76,182
  - ending a relationship 177-79,182
  - ending the helping part of a relationship 180
- testing 31
- trainees
  - attitudes 9
  - continued development 10
  - feelings 9
  - growth 9
  - selection of 6
- trainers 5,10
  - modeling/demonstration 18
- training goal 11
- transfer of skills 19,38
- trust 115

U

- unfinished work 115

V

- values 92,105,113,188
- vision 35,73,74

W

- warmth 113
- widows 166,190,215

Y

- young-old 65

AUTHOR INDEX

(NOTE: The page on which a complete reference citation is found is underlined. An asterisk (*) indicates authorship of a unit.)

A

Academy for Educational Development 43
Allman, O. 13
Allyn, M.V. 13,102
Alpaugh, P. 5,12
Alvarez, C. 209,226
American Association of Retired Persons 161
American Psychological Association 25
Arenberg, D.L. 43,73,87
Arenger, D. 43
Associacion Nacional de Personas Mayores 225
Atchley, R.C. 194

B

Babchuck, N. 224
Baltes, P.B. 63,64,66,69,70,87
Bandler, R. 149,169,170
Barker, H.R. 217
Beckman, L.F. 194
Becvar, R.J. 60
Beene, K.D. 43
Belbin, E. 29,44
Belbin, R.M. 29,44
Bell, B. 75,88
Benjamin, A. 150,169
Berenson, B. 25
Berg, R.C. 5,12
Bernard, J.M. 60
Besdine, R. 206,226
*Bichekas, G. 111
Birren, J.E. 43,44,65,87,88,89
Black, M.L. 195
*Blake, R. 101,111,261
Bogdonoff, M.D. 72,89
*Bolton, C.R. 27,43
Botwinick, J. 69,71,73,76,87,88
Boy, A.V. 260
Boyd, J. 11
Bozak, B.A. 224
Bradford, L.P. 43
*Brammer, L.M. 13,103
Brody, E. 212,213,218,226
Brody, J. 206,226
Brotman, H.B. 64,83,88
Brown, G.I. 43
Buckley, K.D. 260
*Burke, L.K. 227
Burnside, I.M. 101,162,165,169,250
Bursk, B.J. 194
Butler, R.N. 80,81,83,88,101,154,169,170,186,195,206,209,226,250
Byerts, T. 194

C

Callis, R. 260
Camarillo, M.R. 225
Cannon, J.R. 251
Caplan, G. 155,170,194
Capuzzi, D. 101
Carkhuff, R.R. 11,13,25,251
Carp, F. 225
Cattell, R.B. 69,88
Cervantes, R.A. 225
Chadbourne, J.W. 25
Clemente, F. 224
Cohen, G.D. 186,195
Colangelo, N. 12
Coons, D.H. 219,226
Corby, N. 251
Corey, G. 251
Corey, M.S. 251
Corso , J.F. 75,76,88
Craik, F.I.M. 35,44,73

D

Danish, S.J. 11
Dates, B. 165,170,260
DeCrow, F. 194
Delaney, D.J. 182
De Voe, M. 25
*Dickel, C.T. 253
Dillon, K. 101
Donaldson, G. 69,88
*Dowd, E.T. 60
*Dowd, T.M. 76
Downey, P. 260
Duncan, L. 206,226
Dunkle, R.E. 224
D'Zurilla, T.J. 60

E

Ebersole, P. 101
Egan, G. 11,25,60
Ehrlich, I.F. 224
Eisdorfer, C. 72,88,89
Eisenberg, S. 182
Ellis, A. 60
Engen, T. 76,88
*Engram, B.E. 15,171
Erikson, E.H. 80,88

F

Faulkner, A.O. 224
Field, M. 194
*Finnerty-Fried, P.F. 3
Fitzgerald, P. 261
Folsom, J. 219
Fozard, J.L. 66,75,88
Freire, P. 44
Freudenberger, H. 260
Furman, S.S. 251

G
Gallion, T.E. 223
Ganikos, M.L. 5,11,12,102,195, 200,226,259,260, 261
Gazda, G.M. 60,162,164
Gibb, J.R. 43
Gill, B. 26
Gjullin, E. 224
Gluckstern, N.B. 13
Goldfried, M.R. 60
Goodman, S. 101
Goodrow, B.A. 44
Gottman, J.M. 260
Grabowski, S.M. 44
Grady, K.A. 261
Grinder, J. 149,169,170
Gross, D. 101
Guerney, B.G. 25
Guerney, L. 25

H
Hall, B. 208,226
Hall, G.H. 194
Haney, M. 5,12
Harper, R.A. 60
Hauer, A.L. 11
Haven, C. 79,88
Haverkamp, K.K. 44
Havighurst, R.J. 77,78,89
Heinam, E.N. 225
Heisel, M.A. 224
Hendricks, C.D. 87
Hendricks, J. 87
Herr, J.J. 211,226
Heimstra, R. 44
Hiltz, S.R. 194
Hochschild, A.R. 194
Hoffman, P. 182
Horan, J.J. 60
Horn, J.L. 69,88
Hosford, R.E. 13
Howard, S. 260
Howe, L.K. 195
*Huber, C.H. 91
Hulicka, I.M. 87
Hursch, C. 224
Hyman, H.K. 101,215,226

I
Insel, S.A. 101
Island, D. 26
Ivey, A.E. 11,13

J
Jackson, J.J. 224
Jacobs, B. 201,226
Jakubowski, P. 25,151,170
Jarvik, L. 206,226
Jessee, B.E. 260
Johnson, D.W. 60
Johnson, E.S. 194
Johnson, R.O. 260

K
Kagan, N. 11,13
Kahn, M.W. 225
Kalish, A. 225,226
Kataoka, E. 225
Kell, B.L. 260
Kernodle, R. 224-25
Kernodle, W. 224
Kirschenbaum, H. 195
Klein, W.H. 251
Kleinbaum, J.S. 260
Knowles, M.S. 44
Knox, A.B. 31,32,33,44
Kubler-Ross, E. 101
Kunkel, S. 218

L
Labouvie, G.V. 63,64,70,87
Lambing, L. 225
Landreth, G.L. 5,12
Landvogt, P.L. 30,45
Lange, A.J. 25,151,170
*Lawrence, P. 197,261
Lawton, M.P. 194
Leddick, G.R. 60
Leiblum, S.R. 260
Leibowitz, Z. 87
LeShan, E.J. 251
Levy, L.H. 251
Lewis, M.I. 80,81,83,88,154, 170,206,209,226
Libow, L. 206,226
Lippitt, R.O. 43
Lipsitt, L.P. 63,64,87
Lobsenz, N.M. 101
Loensohn, R.J. 194
Longino, C.F. 224
Lopata, H.A. 194
Lowenthal, M.F. 79,88
Luce, G.G. 165,170
Lumsden, D.B. 44

M
Mager, R.F. 25
Mahoney, J.T. 25
Mason, W.D. 44
Masuda, M. 226
Mathieson, G. 194
Matumoto, G. 226
McClusky, N.Y. 44
McDonald, J.B. 44
McFarland, R.A. 75,88
McHolland, J.D. 156,170,195
Mendoza, L. 225
Meredity, G. 226

M
Mitchell, S. 72,89
Moody, H.R. 44
Moore, J.W. 225
Moreland, J.R. 11
Moriwaki, S. 225
Mowlin, J. 72,88
Mueller, W.J. 260
Murdock, S.H. 223
Myers, J.E. 3,255,260

N
National Indian Conference on Aging 223
Neugarten, B. 63,65,77,78,89
New Mexico University 223
Niles, J. 25

O
Okun, M.A. 39,45
Olds, S.W. 79,89
Olson, J.B. 261
Osipow, S.W. 182

P
Padilla, A.M. 225
Palmore, E. 89
Papalia, D.E. 79,89
Pfeiffer, E. 80,83,89
Pierce, R.M. 251
Pietrofesa, J.J. 182
Pine, G.J. 260
Pinto, D.V. 182
Podolsky, S. 75,88
Popkin, S.J. 66,88
Poppy, M.L. 223
Porter, L.W. 87
Powell, A.H. 72,89
Psychology Today 79,89
Pullinger, W.F. 219
Pulvino, C.J. 12

R
Ragan, P.K. 101
Raskind, M. 209,226
Reese, H.W. 63,64,89
Reichel, W. 226
Reiter, S. 165,170,260
Renner, V.J. 65,87
Rexroad, P.A. 224
Richardson, F.D. 26
Richelson, G. 260
Riegel, K.F. 64,70,89
Riegel, R.M. 70,89
Robb, T.B. 26
Robertson-Tchabo, E. 43,73,87
Rogers, C.J. 223
Rogers, C.R. 44,45
Rosenzweig, M.R. 87
Ruiz, R.A. 225

S
*Salmon, H.E. 183
Sanders, R.E. 66,72,89
Sargent, S.S. 12
Sayles, A.H. 203,226
Schaie, K.W. 43,44,66,67,68,69,87,88,89
Schlossberg, N.K. 87
Second National Indian Conference on Aging 223
Select Committee on Aging 204,226
Shelton, J.L. 261
Sherron, R.H. 44
Sholly, E.M. 219
Silverstone, B. 101,215,226
Simon, S.B. 195
Sims, P. 224
Smith, B.J. 217
Smith, R.M. 44
Sorkin, A.L. 223
Splete, H.H. 182
Sporakowski, M.J. 195
Stack-O'Sullivan, D. 25
Stephens, L. 217
*Sterns, H.L. 66,72,89
*Sterns, R.S. 61
Steury, S. 195
Stollack, G. 25
Swartz, D.F. 223
Syme, S.L. 194

T
Tiedeman, D.V. 260
Tobin, S.S. 77,78,89
Tosi, D.J. 182
Treas, J. 195
Troll, L.E. 87
Turner, R.R. 89

U
U.S. Department of Agriculture 224

V
VA Hospital 217,218,219

W
Wake, S.B. 195
*Walker, J.R. 227
Walsh, W.B. 182
Warnath, C.D. 260,261
*Waters, E. 5,12,147,149,165,170,188,195,260
Weakland, J.H. 211,226
*Weaver, A.L. 5,12,147,149,165,170,188,195
West, K.M. 224
Whitbourne, S.K. 87
White, B. 5,12,149,170,188,195,260
Wilkie, F. 72,88
Williams, B.S. 224

W Wolfe, E. 75,88
*Wolff, A.R. 91,96,102
Working with older people:
A guide to practice 87

Y Yeuen, S. 226

Three New Manuals on Counseling Older Persons

The American Personnel and Guidance Association/Administration on Aging National Project on Counseling Older People has developed three new manuals. These manuals comprise a set designed to facilitate the development and implementation of interpersonal communication and helping skills training programs for service providers who work with older people.

Counseling Older Persons, Volume I, Guidelines for a Team Approach to Training, 1981. Jane E. Myers, Pamela Finnerty-Fried, Carolyn H. Graves, Editors. $14.50 to APGA members; 17.50 nonmembers (Order #72107).

A blueprint or action plan for developing gerontological counseling training programs is presented by describing a planning team drawn from areas of program development, implementation, evaluation, and institutionalization. In addition, the manual includes descriptions of programs that were actually developed and implemented nationwide as a result of the National Project on Counseling Older People.

Counseling Older Persons, Volume II, Basic Helping Skills for Service Providers, 1981. Jane E. Myers, Editor; Mary Ganikos, Junior Editor. $15.75 to APGA members; 18.75 nonmembers (Order #72108).

This manual is designed as a text for a communication skills training program for service providers in the aging network. With the guidance of an expert trainer, this manual can be used to teach service providers basic helping and communication skills so that they will be more effective in serving older persons. It is written in lay language and uses a workbook format.

Counseling Older Persons, Volume III, A Trainer's Manual for Basic Helping Skills, 1981. Jane E. Myers, Editor. $15.75 to APGA members; 18.75 nonmembers (Order #72109).

Designed to accompany the **Basic Helping Skills** text, this manual provides guidance for the trainer of service providers. Information for trainers is presented in the form of additional content in the targeted areas, hints and suggestions for effective utilization of the training understanding and knowledge base.

*Package price for all three volumes purchased together is $40.00 to APGA members; 49.00 nonmembers (Order #72105).

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COUNSELING OLDER PERSONS **Volume I**

GUIDELINES FOR A TEAM APPROACH TO TRAINING

This manual presents a blueprint, or action plan for developing [illegible] training programs using a planning team [illegible] and describes programs that were [illegible] developed and implemented across the country.

COUNSELING OLDER PERSONS **Volume II**

BASIC HELPING SKILLS FOR SERVICE PROVIDERS

Designed for use in training programs developed using Volume I, this manual presents basic [illegible] [illegible] and [illegible] skills for service providers who work with older people. It is [illegible]